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РАЗОМ ДО ЗДОРОВ'Я TOGETHER FOR HEALTH
ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ
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Annual Report to USAID

Project Year 5

October 2009 - September 2010

Cooperative Agreement No: 121-A-00-05-00709

November 3, 2010

JSI

РАЗОМ ДО ЗДОРОВ'Я ФІНАНСУЄТЬСЯ АГЕНСТВОМ США З МІЖНАРОДНОГО РОЗВИТКУ ТА ВПРОВАДЖУЄТЬСЯ ІНСТІТУТОМ ДОСЛІДЖЕНЬ ТА ТРЕНІНГІВ КОРПОРАЦІЇ ДЖОНА СНОУ У СПІВРОБІТНИЦТВІ З АКАДЕМІЄЮ СПРИЯННЯ ОСВІТІ ТА ШКОЛОЮ ГРОМАДСЬКОГО ЗДОРОВ'Я ГАРВАРДСЬКОГО УНІВЕРСИТЕТУ

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Acronyms and Abbreviations

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
AR Crimea	Autonomous Republic of Crimea
BCC	Behavior change communications
CAT	Critically Appraised Topic
CME	Continuing Medical Education
CEQ	Client exit questionnaire
COC	Combined oral contraceptive
CY	Calendar Year
CYP	Couple-Year of Protection
DMPA	Depot medroxyprogesterone (injectable contraceptive)
EBM	Evidence-Based Medicine
EC	Emergency contraception
FAP	*Feldsher-accousherski punkt* (feldsher-midwife points)
FP	Family planning
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
HSPH	Harvard School of Public Health
IEC	Information, education and communication
IUD	Intrauterine device
JSI	JSI Research & Training Institute, Inc.
LAM	Lactation Amenorrhea Method
LMIS	Logistics Management Information System
MCH	Maternal and Child Health
M&E	Monitoring and evaluation
MFYS	Ministry of Family, Youth and Sports
MIHP	Maternal and Infant Health Project
MOES	Ministry of Education and Science
MOH	Ministry of Health
N	Number (in a sample)
N/A	Not applicable
NGO	Nongovernmental organization
NMAPE	National Medical Academy for Postgraduate Education
Ob-gyn	Obstetrician-gynecologist
OC	Oral contraceptives
OCC	Oblast coordinating committee
OHD	Oblast health department
PA	Postabortion
PKAP	Provider Knowledge, Attitudes & Practices (survey)
POP	Progestin-only pills
PP	Postpartum
PSP	Private sector partner
PLWH	People Living with HIV
RH	Reproductive health
SPRHN	State Program *Reproductive Health of the Nation* up to 2015
SDM	Standard Days Method
SMD	Support for Market Development (pharmacy research company)
STI	Sexually transmitted infection
TfH	Together for Health project
TOT	Training of trainers
UAH	Ukrainian *hryvnia* (local currency)
USAID	United States Agency for International Development
USG	US Government
WHO	World Health Organization
WRA	Women of reproductive age

I. Overview

This report summarizes key accomplishments in Year 5 of the Together for Health (TfH) project toward its goal of reducing the number of abortions and unintended pregnancies and the incidence of sexually transmitted infections (STIs) by improved provision of and access to quality family planning/reproductive health (FP/RH) services through the public and private sectors. This was expected to be the final project year, but in the spring, discussions began about a possible extension for a sixth year and in September that extension was signed, allowing program activities to continue to year's end and postponing close-out activities for a year.

As stipulated in the Cooperative Agreement, this report centers on progress toward goals and results by addressing certain indicators. This narrative report incorporates priority USAID indicators and is followed by a Monitoring and Evaluation (M&E) report with detailed results (see Annex 1). Highlights of progress toward the project's goal are as follows:

- Ministry of Health (MOH) statistics show a 9.0% drop in the *abortion rate* for Ukraine, from 16.6 per 1,000 women of reproductive age (WRA) in 2008 to 15.1 in 2009; the abortion rate also fell in 13 of the 15 TfH partner oblasts.[*] The *abortion ratio* also declined, from 399.6 abortions per 1,000 live births in 2008 to 357.0 in 2009—a 10.7% drop. The abortion ratio dropped in 14 of the 15 TfH oblasts, too.
- MOH service statistics indicate an increase of 1.8 percent in contraceptive use for Ukraine—as measured by the number of registered users of IUDs and hormonal methods per 1,000 WRA—from 308.4 per 1,000 WRA in 2008 to 313.8 in 2009. Nine TfH oblasts saw increases in this measure. Data from CYPs, however, present a different picture. After gradual increases in CYPs in prior years, the number of CYPs in 2010 fell 20.5% to 667,600 (from 839,500 CYPs in 2009.) Twelve of the project's 15 partner oblasts saw these declines. The only method for which there were modest increases in CYPs (14.5%) was the injectable—an encouraging trend for the project's efforts to broader the method-mix—but the number of CYPs remains very small. CYPs are calculated by the project from contraceptive sales data, government contraceptive procurements and USAID-donated condoms.
- CYPs from condom sales and distribution (pharmacy sales, government procurements and USAID-donations) are the project's measure of STI prevention. Like almost all other methods, CYPs from condoms fell in 2010, after increasing in recent years. They dropped 18.8% to 261,600 CYPs. All TfH partner oblasts except Donetsk experienced declines.

The emphasis in Year 5 was on empowering government and nongovernmental counterparts at the national and oblast levels to institutionalize successful project interventions, while also expanding these interventions to two new territories. The main focus was on expansion to the Autonomous Republic of Crimea (AR Crimea) and Sevastopol City with an intensive package of activities, while still working with three "generations" of oblasts that joined the project in phases since 2006. The project had broad national reach, working in 15 oblasts with about 65% of the Ukrainian population.

Key accomplishments during the year include:

- The number of new access points for FP/RH services in the project's 15 partner oblasts increased by 1,320, reaching a total of 2,475 over the life of the project. This is in addition to improving services in health facilities where FP/RH was already being provided;
- The project trained a total of 3,840 people on FP/RH during the year, including 2,697 doctors and midlevel health providers (including 918 in the Crimean peninsula), 82 faculty members in postgraduate medical education institutions, 244 pharmacists, 89 Behavior Change Communication (BCC) educators/leaders and 73 trainers (58 clinical trainers and 15 pharmacy trainers) and others;
- BCC activities reached a total of almost 9.9 million people in 15 oblasts, including almost 1.4 million in AR Crimea and Sevastopol City. Most of them were reached through mass media, but about 435,000 through large special events and interpersonal communication educational sessions, and over 600,000 through information, education and communication (IEC) materials;
- The USAID donation of combined oral contraceptives (COCs), injectables and IUDs arrived in country after an almost two-year-long process and is ready for distribution to health facilities in project oblasts;
- Under the State Program *RH of the Nation* up to 2015 (SPRHN), the central Government reported spending about $105,400 for FP in calendar year (CY) 2009, all for contraceptive procurement, and TfH partner oblasts reported expenditures of almost $198,500 (including about $147,900 for contraceptive procurements);

[*] For purposes of this report, the term "oblast" includes the Autonomous Republic of Crimea and the City of Sevastopol.

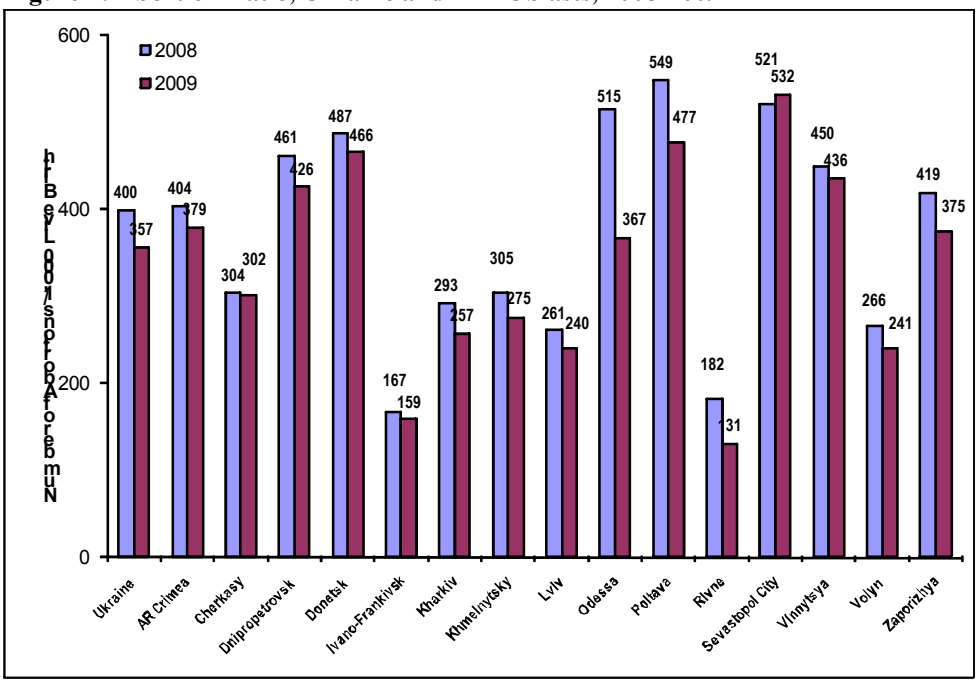
- The project leveraged counterpart contributions amounting to an estimated $802,700 from partners—over $641,000 from the public sector and about $161,700 from the private sector.

II. Progress toward the Project Goal

What progress has been made in the past year in reducing abortions and the incidence of STIs, and increasing contraceptive use?

Declines in Abortion

Figure 1: Abortion Ratio, Ukraine and TfH Oblasts, 2008-2009



Both the abortion rate and the abortion ratio continued to fall in Ukraine as a whole and in most TfH partner oblasts, according to MOH statistics. The national *abortion rate* fell 9.0% from 16.6 per 1,000 WRA in 2008 to 15.1 in 2009 for MOH health facilities.[†] The rate also fell in 13 of the 15 TfH partner oblasts between 2008 and 2009. The only exceptions were Cherkasy and Sevastopol City, which showed increases of 2.7% and 6.9% respectively. (It should be noted that changes in AR Crimea and Sevastopol are unrelated to the project, since activities there only started late in 2009.) The steepest drops were in Kharkiv (10.7%), Odessa (27.2%), Poltava (11.5%), Rivne (24.5%) and Zaporizhya (11.0%). Compared with 2005, when the TfH project started, Ukraine as a whole and all TfH partner oblasts, except Sevastopol City, have seen declines—mostly quite substantial declines. (See Annex 1, Supplementary Table 1)

The *abortion ratio* (in MOH health facilities) for the country as a whole fell by 10.7% from 399.6 abortions per 1,000 live births in 2008 to 357.0 in 2009. It dropped in all 15 TfH oblasts, except Sevastopol City (see Figure 1 above). The steepest declines were in the same oblasts as the steepest drops in the abortion rate: Kharkiv (12.2%), Odessa (28.8%), Poltava (13.2%), Rivne (28.0%) and Zaporizhya (10.4%.) Compared with 2005, Ukraine as a whole and all TfH partner oblasts have seen important declines in the abortion ratio. (See Annex 1, Supplementary Table 1.)

Responding to long-standing concerns about under-reporting of abortions, the MOH last year began collecting data on abortions from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences and the private sector. When the reported 13,781 abortions performed outside the MOH system are added to the 181,064 procedures within the MOH system, there were a total of 194,845 abortions reported nationwide in 2009—a drop of 10.4% as compared to the 217,413 reported in 2008. This yields a total abortion rate for the country of 16.3/1,000 women aged 15-49. The data are not available by oblast and they are probably still well below actual levels, which are considered by experts to be about one third higher than the number of abortions reported by MOH facilities. The MOH does not provide an abortion ratio for the total number of abortion, but based on the 194,845 total reported abortions (including MOH and non-MOH facilities) and the 512,526 live births reported by the State Statistics Committee for 2009 (including MOH and non-MOH facilities), TfH calculates a total abortion ratio of 380.2/1,000 live births for the country, compared to an estimated total of 425.8 in 2008. As noted above, this is probably an underestimate.

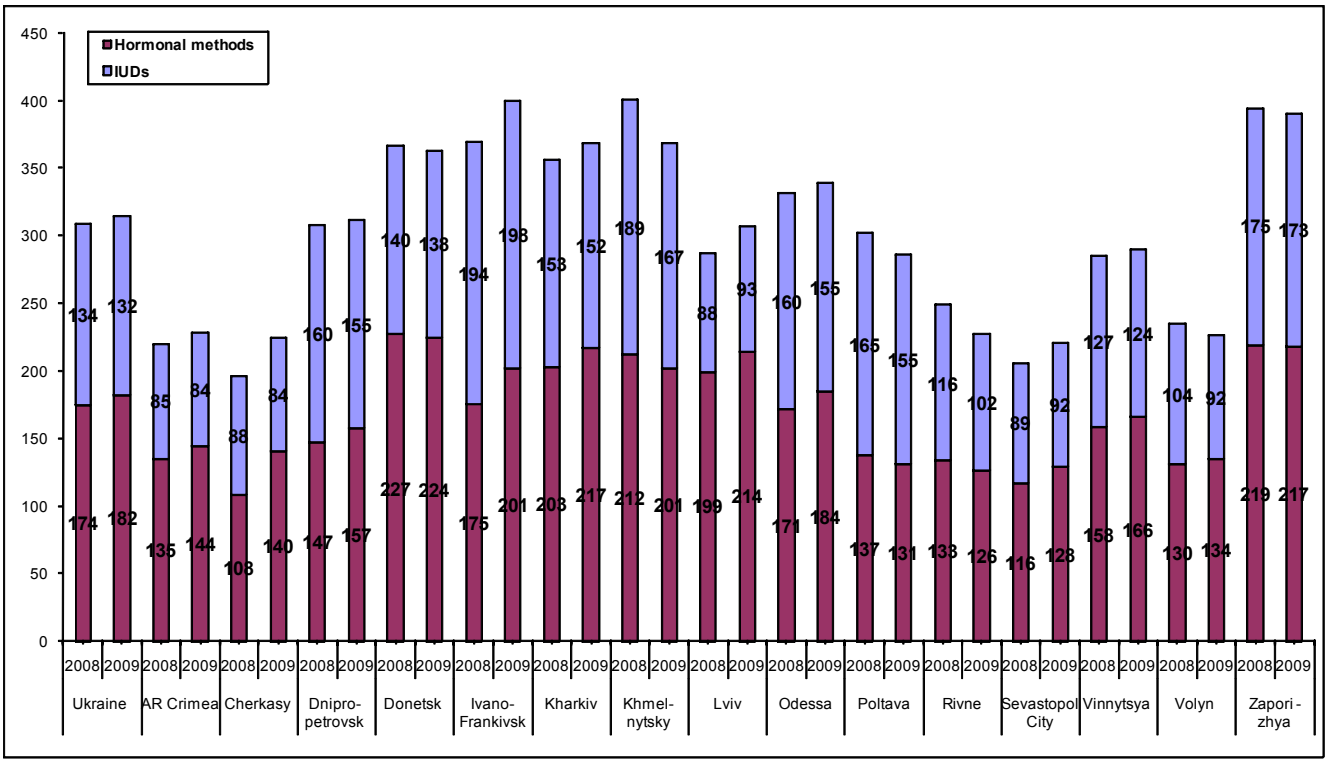
[†] Trends in the national abortion rate and ratio, as well at the MOH statistics on contraceptive use, cannot necessarily be fully attributed to TfH, since the project works in limited geographic areas of 15 oblasts (out of 27) and thus has limited impact on national statistics. However, TfH's work on policy issues and its partnership with pharmaceutical companies should contribute to changes at the national level.

Trends in Contraceptive Use based on MOH Statistics

MOH service statistics indicate an increase of 1.8 percent in contraceptive use for Ukraine, from 308.4 registered users of IUDs and hormonal methods per 1,000 WRA in 2008 to 313.8in 2009. It should be noted that the MOH statistics include only those people going to certain types of government health facilities—and not those going to smaller health facilities, pharmacies or private providers. Moreover, they include only IUDs and hormonal methods (mostly oral contraceptives) and do not include other methods, most significantly condoms. The figures also are only indicative (particularly for hormonals), since they reflect doctors' (formal or informal) prescriptions and, in most cases, not actual provision of a method. Thus the statistics do not constitute a contraceptive prevalence rate, but they are still valuable to assess trends in contraceptive use.

Nine TfH oblasts saw increases in the rates of registered users of IUDs and hormonals, with the largest increases being in Cherkasy (14.3%), Ivano-Frankivsk (8.2%), Lviv (6.9%) and Sevastopol City (7.0%), although changes in Sevastopol City (and AR Crimea) are not related to the project, as already noted above. Most TfH partner oblasts have reported increases in contraceptive use rates since the project started in 2005. (See Annex 1, Supplementary Table 2.)

Figure 2: Registered IUD and Hormonal Contraception Use Rate, Ukraine and TfH Oblasts, 2008-2009



Trends in Contraceptive Use, Based on Couple-Years of Protection (CYPs)

Most Ukrainians purchase contraceptives from pharmacies. Thus, contraceptive sales data can provide valuable information about trends in contraceptive use in the private sector. These data are donated to TfH by Support for Market Development (SMD), a pharmacy research firm. Until recently, there were very few free contraceptives available to clients, but during project Year 3, the national and local governments started procuring contraceptives for free distribution to certain vulnerable populations and the project began working with oblast health departments (OHDs) to distribute USAID-donated condoms. The project consolidated data on Government procurement of contraceptives and distribution of free condoms with the sales data from SMD and converted the numbers to CYPs as another measure of contraceptive use.

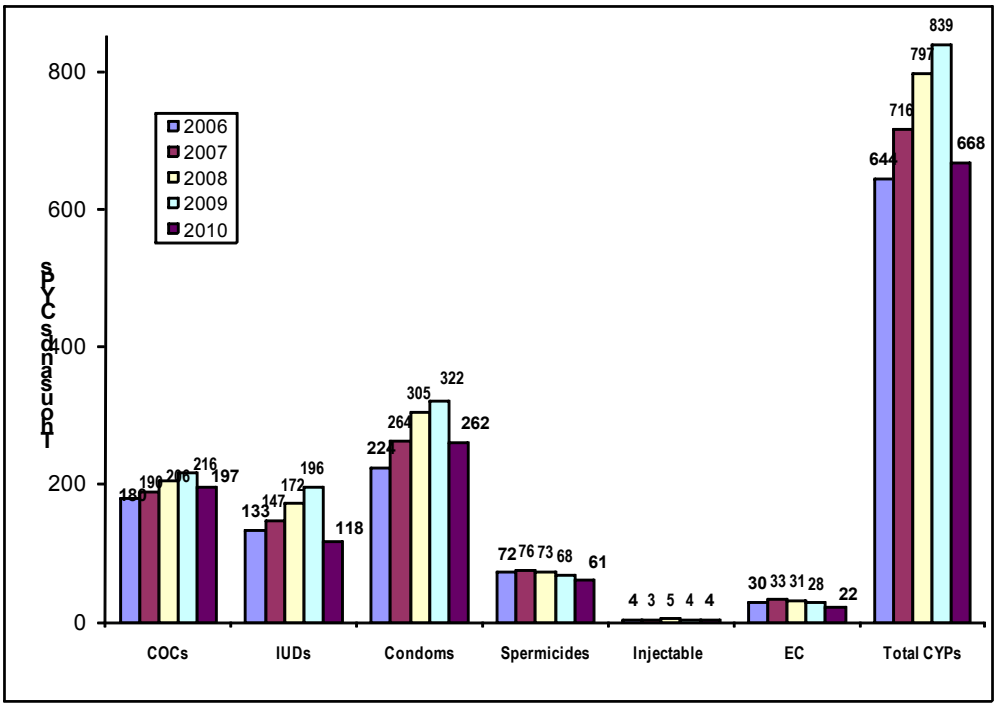
After gradual increases in CYPs in prior years, the number of CYPs in 2010 fell 20.5% to 667,600 (from 839,500 CYPs in 2009.) All TfH partner oblasts, except Donetsk, Odessa and Rivne, saw these declines, which ranged from 6.4% in Vinnytsya to 46.0% in Khmelnytsky (see Annex 1, Supplementary Table 3.) The only method for which there were modest increases in CYPs (14.5%) was injectables—an encouraging trend for the project's efforts to broader the method-mix—but the number remained very low, at 4,400. While the fall in CYPs is disappointing, it should be viewed in the context of the increasing numbers of contraceptive users reported by the MOH routine statistics (see figure 2 above), or connected with the project baseline results that detected an increased percentage of women reporting receiving either a contraceptive method or a prescription

during their visit (see Figure 5 at page 12.) The reasons for a drop in CYPs are not entirely clear, but it is likely that the economic situation, combined with substantial increases in contraceptive prices, play a role.

Trends in STI Prevention

To measure the impact of its STI prevention activities, TfH uses CYPs based on condom sales, Government procurements and USAID-donated commodities. As with almost all other methods of contraception, CYPs from condoms fell in 2010—by 18.8% to 261,600 CYPs. All TfH partner oblasts except Donetsk experienced declines, ranging from 1.6% in Odessa to 49.9% in Ivano Frankivsk (see Annex 1, Supplementary Table 3.)

Figure 3: Couple Years of Protection, by Method and Total (in thousands), Ukraine 2006-2010



Family Planning Champions in Ukraine

The *Together for Health* project has been privileged to work with many outstanding partners who have made major contributions to modernizing and expanding family planning services, information, commodities and policy in Ukraine, both in the public and the private sectors. It is challenging to develop a shortlist of those who qualify as "champions," but the project staff has identified the following individuals who have gone well beyond the call of duty in helping and supporting the project's work in the past five years and whose commitment to family planning we expect to continue far into the future, after the project ends.

Olga Burka, Assistant, Department of Obstetrics and Gynecology #1, National Medical University—a principal EBM methodologist who has been actively involved in the development of Critically-Appraised Topics (CATs) on contraception, has conducted numerous EBM events and is a leader in promoting EBM in the field of FP/RH in Ukraine.

Tetyana Dolishna, editor of *Tobi* and *Moya Dytyna* (*My Child*) magazines—has been committed to improving public understanding of FP/RH for over 10 years through her magazines. Due to her work, each year more than 1.5 million students and over 150,000 new mothers receive information on FP/RH creatively presented by popular personalities.

Nina Dovgopolyuk, Deputy Head, Myrgorod Sanatorium in Vinnytsya—as Deputy Head of Vinnytsya OHD, she was a pioneer in the development, approval and implementation of the Vinnytsya Oblast FP/RH Program, in modernizing and expanding FP/RH services, giving disadvantaged populations access to free contraceptives and in getting FP/RH information to the population.

Svitlana Dubina, Director, *Harmony* NGO in Vinnytsya—probably the most creative of TfH's BCC partners, she always knows how to best communicate the message about the importance of FP/RH—and she does it with or without project support. Her outreach events are legendary around the country and her short skits ("flesh-mobs") on FP/RH are replicated in oblast after oblast, to wide acclaim.

Valentina Ginsburg, Head, Dnipropetrovsk Health Department—an advocate for FP/RH at the highest levels of the Oblast State Administration, as well as within the Oblast Health Department and around the Oblast. A powerful supporter of the Oblast RH Program and a leader in giving disadvantaged populations access to contraception.

Nina Goyda, Vice-Rector, NMAPE—a long-standing supporter of FP, an outspoken advocate for the inclusion of FP in family medicine, who facilitated the integration of TfH's clinical, pharmacy, evidence-based medicine and management training into NMAPE's work and who has played a major role in strengthening FP/RH policy in Ukraine.

Olga Gryshchenko, Head, Ob-Gyn and Perinatology Department, Kharkiv Medical Academy of Postgraduate Education—a master trainer and national expert on FP/RH who has been in the vanguard of improvements in clinical services for many years. She keeps the medical leadership in touch with current international clinical practices on FP/RH—but is also passionate about educating the public, participating in outreach and education events whenever she can.

Igor Khymyak, Program Coordinator, *Salus* NGO in Lviv—probably the most committed project-trained community educator, who brings passion and innovation to his BCC work on FP/RH—working with or without project support. He has a special talent for reaching hard-to-reach audiences, like men and religious communities, and can't keep up with the demand for his educational sessions.

Valentyna Kvaschenko, Professor, Ob-Gyn and Perinatology Department, Donetsk State Medical University—a very experienced clinician, teacher, national trainer and expert on FP/RH, who is a role model on counseling skills and modern interactive training techniques and ensures that her university always teaches the latest and best information and skills on FP/RH and uses modern teaching methodologies.

Vasyl Ostashko, Associate Professor, Department of Drug Technology and Clinical Pharmacology, Institute for Postgraduate Pharmacy Education, National Pharmaceutical University—a national pharmacy trainer for TfH, a leader in integrating FP/RH into postgraduate pharmaceutical education, author of articles on contraception in pharmaceutical newspapers and magazines and an enthusiastic teacher who carries new information on FP/RH around the country.

Svitlana Posohova, Deputy Chief Doctor of Odessa Oblast Hospital—a longstanding enthusiast of FP/RH who played a critical role in developing TfH's clinical materials and whose interest in the latest, evidence-based approaches led to her inclusion in a global WHO working group to update the *Medical Eligibility Criteria for Contraceptive Use*.

Kateryna Pushak, Assistant, Department of Pharmacy Organization and Economics and Drug Technology, Postgraduate Faculty, Lviv National Medical University—a national pharmacy trainer for TfH, a leader in integrating FP/RH into postgraduate pharmaceutical education, author of articles on contraception in pharmaceutical newspapers and magazines, an enthusiastic teacher on FP/RH and author of a dissertation on FP.

Vera Pyrogova, Head, Ob-Gyn and Perinatology Department, Lviv National Medical University—a national trainer and expert on FP/RH who has worked in the field for many years and who has a special talent for communicating with people and spreading the word about modern contraception—and takes advantage of every opportunity to do so.

Ganna Shkodenko, Chief Obstetrician-Gynecologist, Poltava OHD—a pioneer in the development, approval and implementation of the Poltava Oblast FP/RH Program, in modernizing and expanding FP/RH services, giving disadvantaged populations access to free contraceptives and in getting FP information to the population.

Tetyana Tutchenko, Researcher, Institute of Pediatrics, Obstetrics and Gynecology, Academy of Medical Sciences—a principal EBM methodologist who has been actively involved in the development of Critically-Appraised Topics (CATs) on contraception, has conducted numerous EBM events and is a leader in promoting EBM in the field of FP/RH in Ukraine.

Nadezhda Zhylka, Associate Professor, Department of Ob-Gyn and Perinatal Care, NMAPE—a pioneer of FP/RH in Ukraine and a visionary who, as Director of MCH for the MOH, led the development and adoption of the State Program *Reproductive Health of the Nation* up to 2015. She can be counted on to stand up for women's rights and for health.

Tetyana Zotova, Head, Kharkiv Oblast Center for Social Services for Family, Children and Youth—led Kharkiv Oblast Center of Social Services to become the most active supporter of FP/RH in the oblast, training her staff and volunteers on FP/RH, and becoming the most effective BCC partner among all social services centers in TfH partner oblasts.

III. Progress Toward Results

In what was expected to be the final year of project implementation, TfH focused on activities contributing to the sustainability of improved FP/RH services and the development of more positive attitudes toward FP, while empowering local counterparts (governmental and nongovernmental) to institutionalize successful project interventions at the national and local levels and to invest in improving and expanding FP/RH. These themes cut across all project components.

Empower Public and Private Sector Partners to Institutionalize Modern FP/RH Interventions

This year, the project sought to institutionalize the most critical project interventions from past years.

With thousands of front-line health workers and pharmacists in project oblasts trained on modern approaches to FP/RH over the life of the project, TfH built on the work begun in Year 4 to institutionalize the teaching of modern evidence-based FP/RH information and skills in postgraduate medical and pharmacy education. This year, the project ensured that the new FP/RH curricula were officially endorsed for inclusion in postgraduate education and that a cadre of academic faculty around the country were prepared to teach the material. This paves the way to reach thousands of doctors and pharmacists from around the country each year with updated, accurate FP/RH information when they participate in postgraduate education so as to earn recertification every five years. It also institutionalizes key directions brought by the project to FP/RH in Ukraine, such as involving family doctors in service delivery, introducing new evidence-based approaches and putting clients (rather than providers) at the center of FP/RH services through a strong emphasis on counseling and individual choice.

TfH continued to work with its Private Sector Partners (PSPs), who represent contraceptive manufacturers and distributors, and who will be working in Ukraine long after the project leaves. It encouraged them to join the project in investing in dispelling the myths and misinformation about modern contraception that stand in the way of doctors and pharmacists providing FP services and products. And it also sought to work with them to expand the contraceptive market, particularly by promoting mid- and low-priced contraceptives in addition to the high-end brands that are their primary focus. This year, despite budget cut-backs, PSPs provided cash and in-kind contributions to project activities valued at almost $161,700, including price reductions for certain contraceptive brands, marketing for mid- and low-priced brands through roundtables and seminars, donation of contraceptive sales data to the project and other activities. The core of the collaboration has been on the dissemination of Evidence-Based Medicine (EBM) approaches and best practices in TfH partner oblasts and through involvement of key opinion leaders at the national and oblast levels.

The project's emphasis on familiarizing opinion leaders with EBM and mentoring young EBM methodologists to find and evaluate clinical evidence on FP/RH has been critical to begin building a foundation for the Ukrainian medical community to update its clinical policies and practices without the support of international projects over the longer term. It is also important to help doctors evaluate the marketing messages promoted by the pharmaceutical companies and make informed decisions about the contraceptives methods and brands that will best meet their clients' needs.

While BCC remains a neglected aspect of health service delivery in Ukraine, the project has focused on working with the Ministry of Family, Youth and Sport (MFYS) and its oblast departments, with Social Services for Youth, mass media, NGOs and, in some oblasts, with departments of education. In these settings, it has managed to identify cadres and individuals whose job responsibilities involve working with young people and vulnerable populations and has equipped them with a good knowledge of FP/RH and the skills to change public attitudes and behavior through interpersonal communications, effective use of IEC materials and public events. These committed people can carry the essentials of TfH's BCC work into the future.

The project has assisted Government counterparts in implementing the State Program *Reproductive Health of the Nation* up to 2015 (SPRHN) as a crucial vehicle for sustainability, since the Program has the potential to bring Government investment in FP/RH, including contraceptive procurement for poor and vulnerable populations, at all levels of the health system, up to 2015. It also has the potential to strengthen management of FP/RH services in ways that support decentralization. Since supporting adoption of a new Program in 2006, TfH has worked with counterparts at the MOH and in partner oblasts to advocate for funding for FP/RH activities and contraceptive procurement and then to implement activities effectively and accountably. It achieved important successes with about $303,800 spent for FP at the national level and in the project's 15 partner oblasts in 2009—a fraction of what is needed but still significant in an economic crisis when budgets are being cut. TfH also gave counterparts the tools to demonstrate the results of their investments in the Program, so as to generate political support and bring additional resources to sustain FP/RH services up to the end of the Program in 2015.

It is also worth noting that the project's management approach in the oblasts is also designed to build the capacity of key counterparts to manage FP/RH programs in effective, sustainable ways. Even in the Crimean peninsula, where the project expected to work for less than a year, it still sought to build in a measure of sustainability. Following the model applied in other oblasts, it relied on senior Crimean health officials and the leadership of the ob-gyn community to guide TfH-supported activities in the peninsula. This encourages buy-in to project strategies and helps counterparts become thoroughly familiar with project approaches, so they can improve FP/RH (as well as other health services) in the future. In addition, as it has done in other oblasts, the project built other local capacity by preparing a team of local clinical trainers, involving faculty from the Medical University in upgrading postgraduate FP/RH educational curricula, training a cadre of community educators, building the capacity of local NGOs to support BCC on FP/RH at the community level, establishing partnerships with PSPs and advocating for improved FP/RH policies. Moreover, TfH continues to encourage oblasts to take TfH trainers and materials and to use their own resources, from their oblast RH Program or elsewhere, to expand and improve FP/RH. Thus, there were almost 900 clinical workshops and seminars and BCC activities largely supported by the oblasts. The expectation is that TfH's clinical trainers and community educators will carry on this work into the future.

Collaborate with Projects and International Organizations to Leverage Resources and Maximize Impact

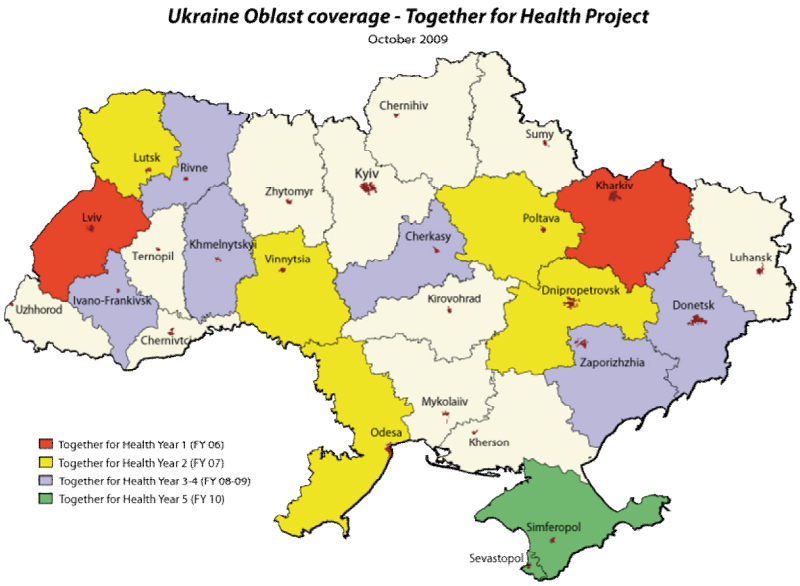
Coordination with other projects is important to maximize TfH impact and avoid duplication of activities. The core collaboration in this project year was with the Maternal and Infant Health Project (MIHP) to learn from its experience working in AR Crimea and to integrate postpartum FP into hospital settings and women's consultations where MIHP has been working. In addition, the two projects worked together closely in an MOH working group to update standards for obstetric and gynecological services, including FP (*Prikaz* 503.)

The project continues to collaborate with the NGO, *Women's Health and Family Planning*, which is implementing a joint WHO/Swiss Development Cooperation project to pilot-test new protocols on prevention of unintended pregnancy to reduce reliance on abortion. TfH participated in a working group on postabortion FP, which reviewed TfH materials on the topic and recommended that the NGO use these materials in its work and it has been coordinating with the NGO in Donetsk and Vinnytsya oblasts, where both projects are active.

There was also good collaboration with key HIV organizations. TfH continued its close working relationship with the HIV-AIDS Alliance, especially on condom distribution, but cooperation on BCC/outreach increased, pursuant to letters from the Alliance and from TfH asking partners in the oblasts to work together. As a result, there was collaboration is almost all oblasts on mobile counseling and testing on STIs. The project also maintained its collaboration with the NGO, Network of People Living with HIV (PLWH), which continued to conduct workshops on FP for its partners, using the MOH manual, FP for People Living with HIV, developed with support from TfH. The Network reprinted the manual during the year to meet the demand for FP/RH information and training among HIV-AIDS service providers.

Cross-Cutting Activities

Ensuring Effective Project Implementation in the Oblasts

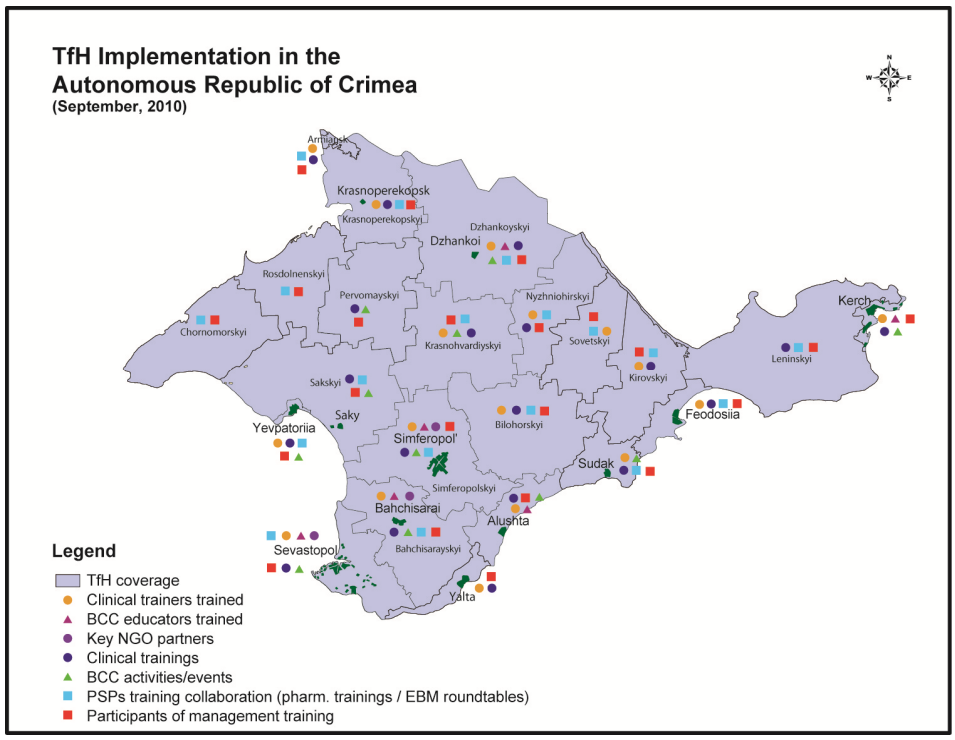


The major emphasis of activities during the year for all project components was a rapid expansion to AR Crimea and Sevastopol City, followed by roll-out of an intensive program of activities including more than a third of all the clinical trainings conducted during the year, an intensive program of BCC activities, reinstatement of the pharmacy training program discontinued in Year 3 and policy activities. Inclusion of these two territories in the project brings the number of TfH partner oblasts to 15, out of a total of 27, with almost two-thirds of Ukraine's population, giving the project broad national reach (see Figure at left.)

TfH worked with the authorities in AR

Crimea and Sevastopol City to identify two Oblast Responsible People (ORPs) to lead the project's work in their oblasts, Tatiana Tekuchenko, Head of the Crimean MOH's Department of Prevention and Care for Mothers and Children, and Maryna Zymina, Head Ob-Gyn of Sevastopol City Health Department; to recruit two project coordinators; identify office space in the Crimean MOH (a counterpart contribution) and hold project start-up meetings in Simferopol and Sevastopol City in October and November. These meetings served to prepare project activities, especially the rapid roll out of clinical interventions and the identification of key NGOs and Government partners to collaborate on BCC activities. The Government's nationwide swine-flu quarantine, which barred meetings and travel for three weeks in November, prevented moving as quickly as hoped, but with a special effort both from the Kyiv office and the two territories, the Partnership Convention with the MOH of Crimea was signed in November and that with Sevastopol City Health Department some time later. Thereafter, partnerships were also established with the territories' respective bodies responsible for Family, Youth and Sport, social services, mass media and NGOs.

Figure 4: TfH Implementation in the Autonomous Republic of Crimea, September 2010



In contrast to the project's past strategy of seeking to reach a new rayon with clinical, BCC and pharmacy/commodity activities at the same time, on the Crimean peninsula, TfH started up different project activities in different geographic areas, enabling the project to reach more than half of Crimean rayons by the end of the second quarter and all rayons by year's end (see Figure 4.) At the same time, preparatory work was conducted for revision of the current Crimean health program to include FP/RH; and management training was held for rayon head doctors and heads of maternal and child health. A number of established partner oblasts—most significantly Dnipropetrovsk, Kharkiv, Lviv and Vinnytsya—helped the two new territories get started on project activities, sharing their expertise on modern approaches to FP/RH. This not only facilitated project expansion to the new territories, but also helped link them with the rest of Ukraine.

While working intensively in AR Crimea and Sevastopol, the project continued to support its 13 established oblasts, particularly the six "newest" oblasts that only joined the project in 2008. With limited resources for the established oblasts, the strategy there was to maintain existing partnerships and continue activities, while encouraging the oblasts to invest their own time and resources to expand and update FP/RH services.

Monitoring and Evaluating Results

The M&E team started the year working intensively with TfH governmental and nongovernmental partners to compile, analyze and present data for the project's Year 4 annual M&E report, submitted to USAID in November 2009. Throughout the year, the team continued to collect and enter data into the project database on project inputs and outputs, MOH service statistics and contraceptive sales data from TfH partner, SMD. It also analyzed data for use by staff, counterparts, USAID and others and prepared concise presentations with key data for the use of counterparts, particularly at coordinating committee meetings of oblast RH Programs.

Toward the end of Year 4, the M&E team completed the field work for endline assessments in the five oblasts that entered the project in 2007 (Dnipropetrovsk, Odessa, Poltava, Vinnytsya and Volyn), to evaluate project impact on clients' and providers' knowledge, attitudes and practices and to look at changes in health facilities and pharmacies. During this project year, the M&E team focused on data entry, cleaning and processing and then, with support from Deirdre Rodgers, TfH's M&E Advisor from JSI/Boston, who visited Ukraine in January, the team analyzed the endline data, comparing results with the baseline assessments. They also ran

tests of statistical significance for changes between the baseline and endline assessments. A final report on the results of endline assessments in seven project oblasts—the above five oblasts as well as Kharkiv and Lviv—was prepared.

The most important results from the assessments in the five oblasts are included in this report and in the M&E Report that appears in Annex 1. Annex 1 also includes a concise methodology for the assessments, but to put the data into perspective for the general reader, Table 1 below shows the sample sizes for the baseline assessments in 2007 and the endlines in 2009.

Table 1: Sample Sizes for Project Assessments in Five Oblasts

Survey Instrument	2007	2009
Providers interviewed	480	301
Clients interviewed	1,647	1,634
Health facilities assessed	108	110
Pharmacies assessed	327	247

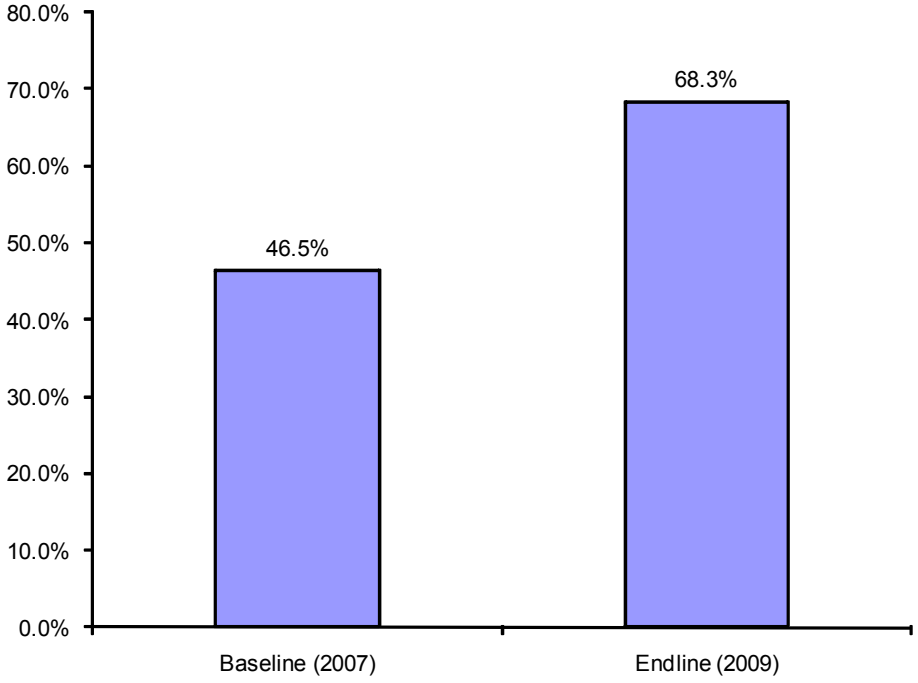
The M&E team also conducted a simplified baseline assessment in AR Crimea and Sevastopol City in February 2010, following the same methodology used in other oblasts, but focusing surveys of health providers and clients only. The sample included 32 health facilities, 151 providers and 534 clients. Key results from that assessment are presented in this report and in the M&E Report in Annex 1. An endline assessment is planned for March 2011.

Results of cross-cutting activities

In addition to results related to progress toward the project goal, TfH is able to report some noteworthy results this year that cut across all project components:

- ✓ TfH reached all rayons in AR Crimea/Sevastopol City with project interventions (see Figure 4 at page 11) and it is estimated that project activities reached 96% of the population of AR Crimea and 100% of the population of Sevastopol City.
- ✓ The percentage of women leaving project-assisted health facilities in the five oblasts who reported in surveys that they received either a contraceptive method or a prescription during their visit rose from 46.5% in 2007 to 68.3% in 2009 (see Figure 5) These results should be viewed with caution, however, since they are not statistically significant.

Figure 5: Percentage of Surveyed Women Leaving TfH-Assisted Health Facilities in Five Oblasts who Reported Receiving a Contraceptive Method or a Prescription during their Visit



Result 1: Improved service provider skills and behavior related to FP/RH

The emphasis in TfH's clinical work in Year 5 was on reaching large numbers of health providers in project oblasts, especially AR Crimea and Sevastopol City, who are not yet involved in providing FP/RH services, with its basic FP/RH course. This prepares them to expand access to FP/RH information and services, particularly in rural areas and for underserved populations. At the same time, however, ob-gyns are also included in the courses to modernize and upgrade their FP/RH information and skills and to build their support for involving new types of providers in service provision. Coupled with this were two other important areas of work. One was to encourage oblasts to use their own human and financial resources to provide Continuing Medical Education (CME) on FP/RH for health workers, to build momentum for modern practices beyond the project's ability to support training and dissemination of materials. The other was to build on the work done in Year 4 to begin to institutionalize the project's training material into postgraduate medical education, so that doctors will routinely receive updated FP/RH information.

Organizing Basic Five-day FP/RH Trainings

A total of 121 five-day FP/RH courses were conducted in all 15 project oblasts, with 43 of these in AR Crimea and Sevastopol City (see Table 2.) There were 2,697 participants, including 918 in AR Crimea and Sevastopol City, bringing the total number of health providers trained over the life of the project to over 7,300. The number of courses varied significantly between project oblasts. AR Crimea and Sevastopol City between them received 35.5% of the total. The six oblasts that joined the project in 2008 (Cherkasy, Donetsk, Ivano–Frankivsk, Khmelnytsky, Rivne and Zhaporizhya), each received nine or 10 courses. The more established partner oblasts, that entered the project in 2006 and 2007, received only three trainings each.

Table 2: Number of Clinical Trainings on FP/RH and Number of Participants, by Oblast, October 2009 – September 2010

	No. of Courses	No. of Participants
AR Crimea	38	816
Cherkasy	9	210
Dnipropetrovsk	3	70
Donetsk	10	226
Ivano-Frankivsk	10	225
Kharkiv	3	68
Khmelnytsky	9	210
Lviv	3	68
Odessa	3	61
Poltava	3	70
Rivne	9	203
Sevastopol City	5	102
Vinnytsya	3	66
Volyn	3	71
Zaporizhya	10	231
TOTAL	**121**	**2,697**

Participants included ob-gyns, family doctors, internists, dermatovenereologists, HIV specialists, midwives, feldshers and others. The course covers all major modern methods of contraception, including fertility awareness-based methods, and highlights counseling skills to support clients' decision-making as well as removal of non-evidence-based barriers to contraception, such as unnecessary pelvic examinations, diagnostic tests and specialist referrals. It seeks to dispel myths about the risks associated with modern contraceptive methods, particularly hormonal methods, in order to encourage a broader method mix. It also covers STI prevention, risk assessment and diagnosis, teaching patients to do breast self-examination, infection prevention and safe disposal of medical waste. In all of the project's partner oblasts, TfH's clinical training course is considered an officially certified CME workshop (pursuant to MOH Order 484, July 2009), bringing 10 of the 60-80 credits that health professionals must earn every five years. This makes the workshop especially attractive to providers.

In AR Crimea and Sevastopol City, building on MIHP's experience, TfH quickly identified potential trainers with experience in modern interactive teaching methods, clinical experience in ob-gyn and/or family medicine, who are highly regarded by their peers and many of whom are based in the rayons, so as to leave behind expertise at the rayon level. Three trainings of trainers (TOTs) were held in the second quarter of the year, to prepare a team of 58 potential local trainers to conduct further trainings, seminars and other CME activities. Forty-two of these trainers actually went on to conduct trainings. Following TfH's usual procedure, experienced trainers from other oblasts co-trained with the new trainers in the first two quarters, until they demonstrated their ability to work independently. The project's clinical team placed special emphasis on coordination with MIHP to reach the staff of the maternities and women's consultations in AR Crimea and Sevastopol where MIHP has worked to deepen their knowledge and skills in FP/RH. It also reached out to the network of HIV-AIDS service providers to include some of their cadres in the courses, expanding the availability of FP counseling and commodities within HIV-AIDS services. One of the new Crimean trainers, Andriy Stelmah, who works at the AIDS Center in Simferopol, commented on the importance of FP for PLWH: "Speaking specifically about my clients, women living with HIV, it is difficult to overestimate the importance of the information and skills I received, taking into account that this group requires thorough and regular family planning interventions…. A

lot of regional specialists call me from the regions where I used to hold seminars to consult on various RH issues, including contraception and prevention of STIs."

TfH continued to build on its work on the Standard Days Method (SDM.) In Year 4, the project trained health workers and NGOs in Lviv and Ivano-Frankivsk oblasts and integrated the method into TfH's clinical training in these two oblasts. This year, using a new edition of the clinical manual that includes SDM, this material was fully integrated into clinical trainings around the country.

The clinical reference manual, which goes hand-in-hand with the basic FP/RH course, and the updated MOH clinical protocols on FP were reprinted (1,000 copies of each.) These two core reference materials continue to be disseminated through clinical trainings, workshops, seminars and conferences in project oblasts. In addition, 3,000 copies of the manual *Postpartum and Postabortion FP* and 2,000 copies of the manual *FP for People Living with HIV* were reprinted for use in CME events and other fora.

Conducting Continuing Medical Education (CME) Events for Health Professionals

TfH worked hand-in-hand with OHDs in all 15 partner oblasts to hold short workshops and seminars for previously trained health workers to reinforce and update the information and skills addressed in the TfH training and also to reach reach providers in rayons not covered by the project. These CME events are crucial to maintain the momentum of modernizing FP/RH practices in oblasts where there were few TfH clinical trainings, but also in those with a larger volume of trainings, where the new information and skills need to be reinforced.

The most significant CME events were a day-long conference held in AR Crimea in March on FP for PLWH and another one in July on PP/PA FP. Each conference drew about 50 participants from the rayons and copies of the relevant clinical manual were distributed at each event. The Crimean MOH organized and financed the events, but TfH provided materials and speakers. These events recognized the special importance of these two topics on the Crimean peninsula because of USAID's longstanding work on safe motherhood in the territory and because of the high rates of HIV and AIDS. They also helped partners understand the need for seamless integration of FP/RH with maternity care and with STI/HIV/AIDS prevention and screening services.

In addition to these two conferences, there were an estimated 452 CME seminars, roundtables and conferences during the year, generally lasting one day, and reaching a total of about 17,500 health professionals, including ob-gyns, family doctors, midwives, *feldshers*, dermatovenereologists and HIV staff. Among the topics most often addressed were FP and RH in general, counseling on these topics, modern contraception, modern approaches to IUDs, PP/PA FP, emergency contraception and contraception for sexually active teenagers. More than 50 of the events centered on STIs and HIV, generally emphasizing the link between FP and these topics, and others included some material on STIs/HIV. The most active oblasts in terms of the number of events were Donetsk, Vinnytsya and Volyn, with 50 or more CME events each; and in terms of the number of people reached, Cherkasy, Dnipropetrovsk, Donetsk, Khmelnytsky, Poltava, Rivne, Vinnytsya and Volyn, which reached over a thousand health workers each. AR Crimea and Sevastopol City began conducting CME events in the summer, once their clinical trainers had conducted most of the basic five-day courses. Even with this late start, they managed to reach about 845 health professionals—about twice as many as anticipated in the workplan.

Training Empowers Family Doctors

TfH's clinical training brings together ob-gyns, family doctors and mid-level staff in the same workshop, so as to build teams across levels of service delivery and facilitate the involvement of family doctors in FP/RH. Ob-gyns learn to trust and respect family doctors and are ready to delegate some of their FP tasks to them. Sevilia Velilyaeva, a family doctor in Bakhchiseray in AR Crimea said after the TfH training, "I always thought that family planning and contraception were the prerogative of ob-gyns. But the training was easy to understand and encouraged me to apply my new knowledge in practice after returning to work. Now, when women and girls come to see me, I do my best to raise issues related to women's health and contraception, telling them about the progress made in modern medicine. My clients view my practice differently now." In Ratne City in Volyn Oblast, a group of family doctors noted that "we're being greatly respected as specialists who can provide family planning counseling to patients and married couples; and we're no longer afraid of working together with ob-gyns."

Many CME events were closely linked to the EBM program with PSPs (see page 26), with OHD representatives participating in the EBM roundtables and then rolling out roundtables and seminars for health workers on the "hot topics" about contraception covered in the Critically Appraised Topics (CATs.) Vinnytsya Oblast was notable for its continued successful collaboration with Richter-Gideon, which contributes significantly to the cost of many CME workshops in the oblast.

There are many examples of innovative oblast-initiated events. One comes from Dnipropetrovsk Oblast, which conducted its own TOT for health professionals from Dniprodzherzhynsk, Nikopol and Pavlograd, building expertise on FP/RH in a network of five methodological centers established to train providers. The centers in

Dnipropetrovsk and Kryvyi Rig, where experts were previously trained, have already been active in reaching providers not trained by TfH, including family doctors. In Zaporizhya, project trainers made 12 trips to various rayons where the project isn't working to provide small conferences on FP/RH. And Lviv and Volyn oblasts initiated "internal trainings" for health workers, including family doctors and *feldshers*. These trainings split TfH's five-day training into separate modules taught over a period of several weeks, using TfH trainers and presentations from the project's clinical training. In Vinnytsya and Cherkasy, trainers trained teachers and made various clinical reference and BCC materials available to medical colleges in these oblasts.

TfH also worked with OHDs to strengthen the role of medical leaders at the local level, organizing three one-day events in each of the 13 established oblasts for head doctors of maternity homes and women's consultations, head ob-gyns and family medicine leaders at the rayon level and others. It is important that these leaders are up-to-date on FP/RH topics and approaches, so they can support improved services and programs. Since it is often difficult to attract these busy leaders for workshops, TfH built on the practice of many oblasts to hold a "Specialists' Day" for leaders, where special problems, new information and other topics are discussed.

Family Planning Clinical Training in Cherkassy (Photo: Lyubomir Pokotylo).

CME seminars are one of the ways that oblast FP/RH centers exercised their methodological leadership role on FP/RH in the oblast. They generally took the lead in organizing these seminars and providing speakers from their staff who are qualified TfH trainers. Many FP/RH centers also took the initiative to link seminars for health workers with FP Week. And in Kharkiv Oblast, the FP/RH Center taught and oversaw FP/RH service provision in 47 FP cabinets around the oblast.

Updating the FP/RH Curriculum in Postgraduate Medical Education

In Year 4, TfH collaborated with an MOH/National Medical Academy of Postgraduate Education (NMAPE) working group to update the FP/RH curricula for postgraduate medical education, beginning the process of institutionalizing its work in settings where it would reach the thousands of doctors who are required to take postgraduate education courses every five years for recertification. The new programs are designed for ob-gyns and family doctors and institutionalize several new dimensions brought by the project to FP/RH in Ukraine, including involving family doctors in FP/RH, introducing evidence-based approaches, and putting clients in the center of FP services by emphasizing counseling. By the end of Year 4, the MOH and the rectors of postgraduate medical education establishments had recommended that the updated curricula be established as basic courses for postgraduate medical education.

This year, working closely with NMAPE counterparts, TfH trained 82 teachers of ob-gyn and family medicine from 12 medical academies in project oblasts, plus NMAPE faculty,[‡] in four-day-long workshops conducted by the project's national-level trainers and held in Donetsk, Kharkiv, Lviv and Vinnystya. The course for family doctors resembled the project's basic five-day course, while ob-gyns also received more in-depth information on PP/PA FP and on FP for PLWH. The teachers were also introduced to adult education methods and their value in modernizing medical education.

Following the letter recommending inclusion of the new curricula into universities' educational programs, faculty were eager to attend the training and asked numerous questions about new contraceptive technologies and the validity of the evidence presented. At the end of the five-day trainings, participants appreciated the information and reference manuals provided and the value of interactive teaching methods, specifically the group work that helped them master the material more quickly. Project staff have heard informally that faculty members in Donetsk, Kharkiv, Kyiv, Lviv and Odessa are already using their new information, skills and materials in the classroom.

[‡] Crimean State Medical University named after S.I. Georgievskogo, Donetsk State Medical University, Dnipropetrovsk State Medical Academy, Ivano-Frankivsk National Medical University, Kharkiv National Medical University and Medical Academy of Postgraduate Education, Lviv National Medical University named after Daniel Galytskiy, NMAPE, Odessa State Medical University, Ukrainian Medical Stomatological Academy in Poltava, Vinnytsya National Medical University named after M.I. Pirogov , Zaporizhya State Medical University and Medical Academy of Postgraduate Education.

Other

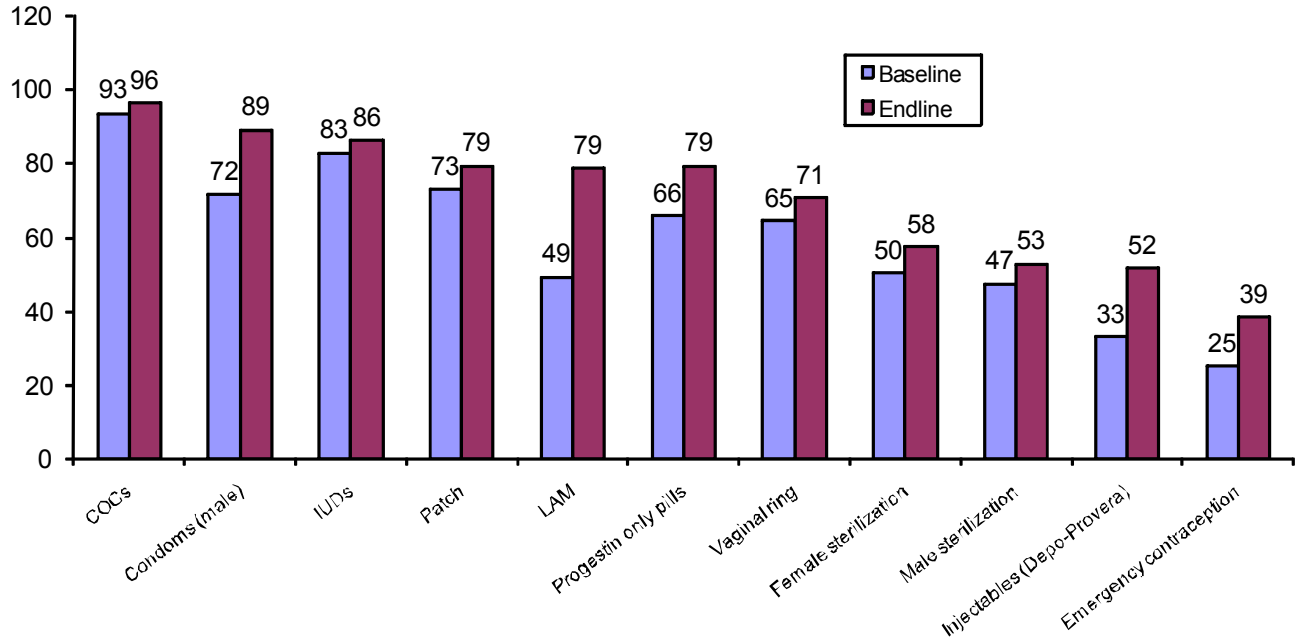
TfH contributed to updating opinion leaders' FP/RH knowledge and skills in line with international, evidence-based approaches by supporting the participation of five people in the 11th Congress of the European Society of Contraception on *Culture, Communication, and Contraception*, held in May in The Hague. One came from the MOH's Department for Maternal, Child and Sanatorium Care, three were key counterparts in AR Crimea and Sevastopol City and they were accompanied by TfH's BCC specialist. While in The Hague, the group met with Dr. Gunta Lazdane, WHO/Europe's Regional Adviser for RH and Research, and discussed current FP/RH developments in Ukraine and further collaboration with WHO. Participants returned inspired by the importance of key topics—*Diversity and Sexual and Reproductive Health in Multicultural Europe* and *Evidence-based Sexual and Reproductive Health*—and came up with interesting ideas to disseminate the knowledge and materials they received at the Congress.

Results of TfH Clinical Training

In this fifth year of the project, TfH can report some significant results of its efforts to improve service providers' skills and behaviors. Particularly noteworthy are improved provider practices in the provision of FP/RH services, as reported by clients—which complements the improved provider practices observed by trainers in follow-up visits some months after the training (see Year 3 Annual Report.) These improvements come in particularly critical areas, including giving women the information they need to make informed choices about contraception or about their practices related to STI prevention and, in general, leaving clients more satisfied with the services they received. The improvements in health care providers' attitudes toward the more effective modern methods of contraception are also important because of the relationship between positive attitudes and prescription practices. Moreover, access to FP/RH services has been dramatically expanded, to almost 2,500 new access points established over the life of the project.

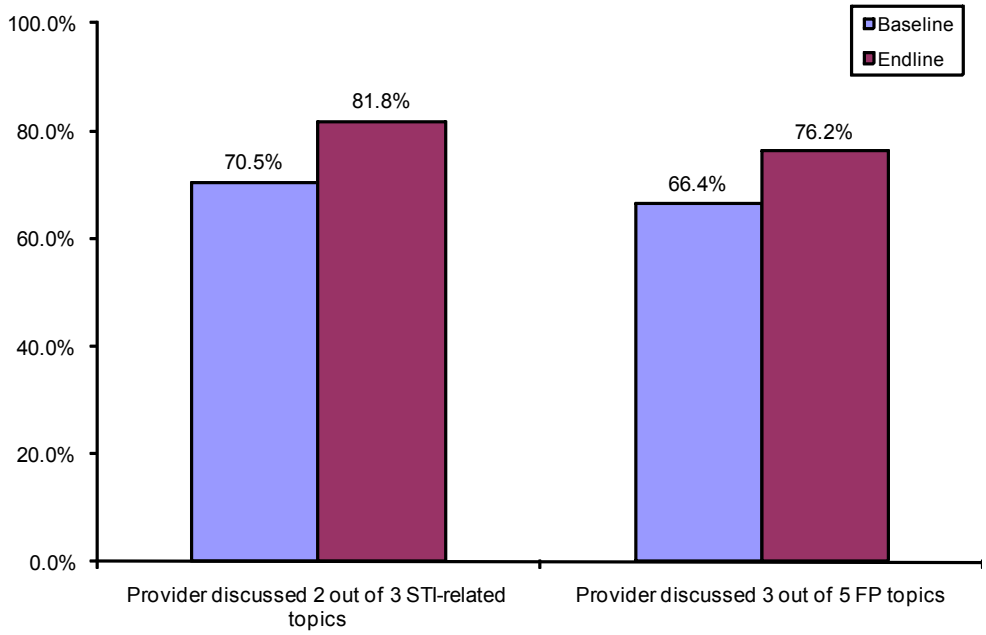
- As a result of TfH's efforts to expand the provision of FP/RH services beyond ob-gyns, the cumulative number of new access points for FP/RH services—i.e. health facilities that did not previously provide these services—increased from 1,155 in Year 4 to 2,475 in Year 5 (See Annex 1, Indicator Matrix, Result 3.) This is in addition to improving services in health facilities where FP/RH was already being provided;
- TfH trained a total of 58 clinical trainers on FP/RH (79.3% women, 20.6% men) in AR Crimea and Sevastopol City, as well as 82 teachers from postgraduate medical departments of medical universities in project oblasts (see Annex 1, Supplementary Table 4.a) and 2,697 health providers (89.6% women, 10.4% men) in 15 oblasts during the year (see Annex 1, Supplementary Tables 6.a and 6.b, 7.a and 7b);
- There were improvements in health workers' knowledge after participating in clinical training, as evidenced by an average pre-test score across all trainings of 58.1% and an average post-test score of 91.3%.

Figure 6: Percentage of Health Providers Surveyed in TfH-assisted Health Facilities with Positive Attitudes Toward the More Effective Contraceptive Methods, by Method, 2007 and 2009



- The percentage of health providers with positive attitudes toward the more effective contraceptive methods[§] rose from 59.1% in 2007 to 70.9% in 2009, according to provider surveys conducted in project-assisted health facilities in five oblasts (see Figure 6 at page 16) The baseline survey undertaken in AR Crimea and Sevastopol City found that percentage stood at 59.8% in AR Crimea and 64.0% in Sevastopol City in 2009—figures very similar to other oblasts. Endline data to look at the project's impact will be collected in March 2011.
- There were noteworthy improvements in providers' FP/RH practices between 2007 and 2009, as reported by women surveyed as they left project-assisted health facilities in five oblasts (see Figure 7):
  - ✓ The percentage of women reporting that the provider discussed three out of five important FP topics[**] rose from 66.4% to 76.2%;
  - ✓ The percentage of women reporting that the provider discussed two out of three key STI-related topics[††] increased from 70.5% to 81.8%;
  - ✓ Among women who were pregnant, the percentage reporting receiving FP counseling during prenatal care visits increased from 65.1% to 73.1%.

Figure 7: Percentage of Surveyed Women Leaving Project-Assisted Health Facilities in Five Oblasts who Reported Selected Provider Practices, 2007 and 200



- 70.3% of women leaving project-assisted health facilities in five oblasts reported in surveys that the quality of services at that facility was good (the highest rating) in 2009, compared with only 56.4% in 2008. 83.5% said they would recommend the facility to a friend, compared to just 74.2% in 2008

Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products

BCC activities this year aimed to continue improving public attitudes and change behavior while, at the same time, informing the population where trained providers and free commodities are available. As in prior years, this work was led by the Academy for Educational Development (AED.) The BCC team placed special emphasis on working with the Crimean peninsula and the six oblasts that entered the project in 2008/2009, whose BCC capabilities and ability to work independently are still evolving. An important event was the annual FP Week campaign, which achieved broader reach than ever before—about 6.3 million people in the 15 project oblasts—and which featured a strong emphasis on men and new materials and messages on STIs. However, the complete "menu" of BCC activities was conducted throughout the year in the 13 established oblasts and, by the

[§] COCs, POPs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.
[**] Various methods of contraception; benefits and risks of the selected method; side effects of the selected method; how to use the selected method; and when to return for follow-up.
[††] The symptoms of STIs, prevention of STIs, and condoms to prevent pregnancy and STIs/HIV.

third quarter, AR Crimea and Sevastopol were also conducting a range of activities and events. These include interpersonal communication, special events, dissemination of IEC materials and work with mass media.

The major priority this year was to jump-start BCC activities in AR Crimea and Sevastopol City, drawing on experience in other oblasts. TfH conducted a strategic planning workshop in December to begin to build capacity to conduct BCC activities, starting with special events which build partners' enthusiasm and commitment. Twenty people attended the workshop which served to identify BCC partners, establish systems for dissemination of IEC materials and plan activities for the coming months. In the course of the year, the Crimean MOH, Ministry of Youth, Family and Gender Policy, the Center for Social Services for Children and Youth and their Sevastopol City counterparts, NGOs and journalists proved to be solid partners.

Two follow-up meetings were held with NGOs and selected others in January to lay the foundation for BCC work to reach key population groups, including youth, men and Crimean Tatars. A number of partner NGOs were identified: *Women's Alternatives* in Sevastopol City, the *Sevastopol Youth Center Volunteer, Ukrainian House* in Bakhchisaray, the youth NGO *Crimean Republican Center for Intellectual Development*, the *Crimean Press Club* and the youth movement of the *All Crimean branch of the Railroad Trade Union*. While TfH did not find NGOs with FP/RH experience, the choice of these groups opened the door to reaching Crimean Tatars and other minorities, large population centers, more rural areas, Ukrainian Navy personnel, youth—including young railroad employees and students of the railroad system's educational institutions in Crimea—and others. The project then built up their understanding of FP/RH issues as well as BCC techniques. The NGOs and other community educators went on to conduct education sessions throughout the year, most of them aimed at youth in Simferopol universities, men at the Sevastopol military base, ethnic minorities such as Crimean Tatars, Armenians and Greeks, and urban and rural populations.

There were several noteworthy BCC events on the Crimean peninsula. First, the *Crimean Press Club* conducted a workshop for 17 journalists from different parts of Crimea as well as organizing three meetings of press clubs in Simferopol, Dzankoy and Bakhchisaray. The *Press Club* meetings sought to build cooperation between local government, health providers, mass media and NGOs in addressing FP/RH issues in different regions of Crimea. Largely as a result of the NGO's activities, 168 FP/RH articles/reports appeared in Crimean mass media. The second noteworthy activity was the work of *Women's Alternatives* in Sevastopol City, which developed a short forum-theater about FP, followed by a lengthy discussion aimed at educating the audience on FP/RH. The NGO also developed a formal partnership with the Ukrainian navy and gave many performances, followed by discussions, for men in the navy who responded enthusiastically. The Bakhchisaray Rayon NGO, *Ukrainian House,* which has strong links to the Crimean Tatar community, was also very active, arranging visits of mobile counselling points to 14 villages in Bakhchisaray Rayon and elsewhere. Visits included informational events for the population, distribution of TfH materials and referral leaflets, as well as counseling provided by a health worker trained by TfH. The doctor at the Rayon FP Cabinet reported in March that, as a result of this high profile information campaign, the number of clients had increased significantly over the two prior months.

TfH also reached couples on the Crimean peninsula in the prenatal and postpartum periods through IEC materials, the video on postpartum contraception and a new article on postpartum contraception in *Moya Dytyna (My Child)* magazine that was widely distributed on the Crimean peninsula in the first quarter of the year.

Improving Public Attitudes and Changing Behaviors

During Year 5**,** TfH supported Family Planning Week, a key annual event envisioned in the SPRHN and led by the MOH. This event provides an opportunity to harness the enthusiasm of the project's numerous BCC partners and brings together all facets of the project's BCC work—special events, interpersonal communications, distribution of IEC materials, mass media, etc.—into an intensive series of activities that reinforce each other in communicating key messages and achieving objectives. The 2010 campaign involved governmental and nongovernmental partners, mass media, health and social workers, NGOs, volunteers and others reaching millions of people with key messages on the importance of FP and the safety and effectiveness of FP services and supplies. To build the sustainability of the campaign, TfH worked with oblast RH Program coordination committees, other counterparts (mainly OHDs, departments of Family, Youth and Sports, Social Services for Youth and, in some oblasts, departments of education) and other BCC partners to plan and implement FP Week in all 15 partner oblasts. The strong involvement of oblast counterparts brought substantial in-kind counterpart contributions, in the form of educators' and health professionals' time; venues for press conferences, roundtables and interpersonal communications sessions; mass-media coverage, etc.

Preparations for the FP Week campaign began early in 2010 by analyzing the lessons learned during the 2009 campaign; exchange of information between oblasts about successful activities in past years; a planning meeting to prepare a general framework of activities and events and a monitoring plan; development of detailed oblast-

level plans with oblast RH Program coordinating committees; and technical assistance to MOH and MFYS in drafting *prikazes* for FP Week. The MOH *prikaz* designated May 10 - 16 as FP Week, and outlined two major campaign objectives: improving public attitudes on FP/RH and advertising available services and free contraceptives (where available). Oblast-level preparations included strategic planning meetings with key oblast stakeholders, training volunteers for FP Week events and developing the required oblast policy documents, such as agreements on cooperation with Social Services for Youth, departments of education, etc.

This year's campaign received more high level support and coordination from various government agencies at the national and local levels, despite recent changes in the Government. Both MOH and MFYS issued FP Week orders on time, listing detailed plans of activities for the campaign as well as information on monitoring implementation and reporting on results. Six of the 15 TfH partner oblasts demonstrated their commitment by issuing orders for an entire FP Month instead of for just one week: Dnipropetrovsk, Poltava, Rivne, Vinnytsya, Volyn and Zhaporizhya. In general, TfH oblast technical coordinators noted a much more positive attitude toward the campaign from local counterparts, with some even issuing FP Week *prikazes* before the MOH *prikaz* was issued.

Youth, men and rural populations were designated as priority populations for the campaign and oblasts used various approaches to reach them, mostly based on partnerships between government counterparts, NGO volunteers, mass media and sometimes private sector companies. Some of the key messages used were "Real, strong men care about their reproductive health" for men; "For people who are in love - plan your future" for youth; and "Ask a health provider about FP and they'll help you make a choice" for general audiences.

Among the innovative approaches to reaching the priority populations were working with taxi companies in Lutsk City to distribute IEC materials to riders; informational events at markets in large cities and rural areas in Dnipropetrovsk, Khmelnytsky, Rivne, Vinnytsya and Zhaporizhya oblasts; interpersonal communications events at military units in AR Crimea, Dnipropetrovsk Oblast and Sevastopol City; outreach and informational events at railway stations and on public transportation in AR Crimea, Dnipropetrovsk, Ivano-Frankivsk and Lviv; public events and interpersonal communications sessions at universities in AR Crimea, Khmelnytsky, Odessa and Poltava; outreach events on the main squares of cities and rayons, using TfH mobile counseling tents; distribution of IEC materials and free condoms; contests; screening TfH videos on large outdoor plasma screens; placement of motivational articles and other key FP/RH messages in radio, TV, print and other media channels; and holding meetings of oblast RH Program coordination committees to highlight oblast RH Program accomplishments combined with press tours of FP/RH centers and press conferences. TfH also renewed its 2009 collaboration with the NGO *Virtus* in Dnipropetrovsk Oblast on mobile STI counseling and early detection. This year, almost all TfH oblasts collaborated with local HIV-AIDS Alliance partners to organize counseling and testing in mobile vans provided by Alliance, with funding from the Global Fund, and with TfH contributing IEC materials—including its new STI brochure—FP/RH counseling and various FP/RH awareness events.

One example of an innovative FP Week activity was the organization of a T-shirt contest for the best FP/RH message and design through the Dnipropetrovsk City portal, GOROD.DP (http://gorod.dp.ua/clients/?pageid=1607). More than 80 designs were submitted by over 50 participants and two were selected as winners. Information about the contest and its results was widely disseminated by the GOROD.DP portal and its partner public relations agencies in Dnipropetrovsk. During the period leading up to the contest, more than 1,000 people visited the portal and received information on FP/RH. Another example is from Odessa Oblast, which has high levels of pregnancy among youth, so they designated young people as a key audience during FP Week. The NGOs *Youth Center of Development* and *Public Movement "Faith, Hope, Love"* joined with the Odessa youth-friendly clinic to conduct a series of educational events in Odessa universities. Events included distribution of project IEC materials and free condoms provided by the NGOs, counseling by health providers and screening of TfH's youth video, followed by discussion, questions and answers. The TfH tents were used at the events to draw attention to activities and to provide counseling to interested persons.

TfH worked with *Tobi* magazine, once again, to produce and disseminate an edition of this highly popular publication among youth. This edition featured information on the different contraceptive methods, an interview with the celebrity dancer, Olena Shoptenko, as well as interviews with other youth opinion leaders on FP/RH. Some 500,000 copies of *Tobi* are distributed free to young people in higher education establishments and TfH received 10,000 copies for distribution through its own channels.

Key FP Week campaign results include almost 500 informational and outreach events conducted, with about 160,000 people participating in educational sessions and awareness events; more than 260,000 copies of IEC materials distributed; and approximately 280 articles/reports appearing in mass media, reaching an estimated 6.3 million people. The results of the campaign were evaluated afterwards with the best ideas proposed for wider replication in the future.

Volunteers disseminating IEC materials during an informational event on the beach in Odessa (Photo: Valentina Bobrovcina)

In addition to FP Week activities, TfH supported a number of ongoing BCC activities throughout the year.

The project supported *interpersonal communications* sessions for small groups of men and women, using the project's acclaimed BCC manual, endorsed by MFYS, in collaboration with Social Services for Youth which is a key partner to reach the most vulnerable populations, NGOs, departments of education and others. A key TfH strategy this year was to reach men by encouraging and supporting male BCC trainers to engage more actively in these educational sessions and, in oblasts where new community educators were trained, to identify men with experience in interactive training methodologies and access to TfH's priority audiences to become new BCC educators. Interpersonal communications sessions were conducted at places where men study or work, including police departments, the military, Ministry of Emergency Situations, colleges with predominantly male enrollment and elsewhere. Generally, sessions for men emphasized use of barrier methods, dual protection and the prevention and early detection of STIs. Some key messages for male audiences included, "A real man cares about his health and the health of his partner" and "There are many STIs but you are just one person." Over a third of the participants (36.4%) reached through these educational sessions were men. Some examples of male-oriented activities were: monthly educational sessions on FP/RH for 25-30 men studying at the Cherkasy Police Academy; sessions for military units in Poltava and Vinnytsya, for Dnipropetrovsk Industrial College, Zhaporizhya Electro-Technical College and for the Ukrainian Navy in Sevastopol. However, there were also many events not specifically aimed at men, such as "schools of responsible parenthood" on the topic of postpartum contraception for young couples in Rivne and Volyn oblasts and premarital counseling for couples in Lviv.

In addition to these sessions, there were over 430 oblast-initiated BCC activities, reaching an estimated 125,300 people, with minimal contributions from TfH—mostly just IEC materials. These activities ranged from large public events like festivals, many of them conduced on special "days" to small-group education sessions and video showings accompanied by a discussion. Most lasted just a few hours, but some went on for as long as a day, and the list of venues indicates the broad range of audiences reached: students at transportation colleges, agricultural colleges and mining colleges, young people in orphanages and in summer camps and couples in marriage registration offices—to name just a few. Odessa organized the distribution of materials and counseling on beaches in the summer months. The most active oblasts were Kharkiv, Poltava and Volyn.

The project's *IEC materials*—brochures, posters, videos and other materials—continued to be in high demand. Several were reprinted: 120,000 copies of the brochure on FP methods; 10,000 copies of the postpartum poster; 150,000 copies of the FP brochure for youth; 129,000 copies of the FP Week brochure developed in Year 4; 80,000 envelopes with messages for FP counseling; and 5,000 copies per oblast of the "menstrual calendar" with contact information for health facilities with TfH-trained health providers. All in all, TfH distributed over 589,200 brochures, 4,800 posters, almost 3,200 "FP-friendly" logos and over 400 videos through partners in health facilities, oblast departments of family, youth and sports, social services, educational institutions, NGOs and elsewhere, as well as directly to the public during FP Week, other special events and educational activities. Whenever possible, the materials were given directly to recipients, so key messages could be reinforced and to increase the chances of their falling into receptive hands.

Responding to a need identified in the project's work with men, TfH developed and produced a new brochure on STIs with information on four common STIs and dual protection as well as two key STI messages, "There are many STIs, but you are just one person" and "Don't try to treat yourself. If you think you may have an STI, go to a health provider." This material was a concrete result of the study tour to the US on STIs organized by the American Embassy in 2009, with study tour participants from Kharkiv Center for Social Services for Youth and other NGO partners taking the lead in development, with assistance from the BCC team. A new brochure for young people was also printed for Valentine's Day events, following an earlier model developed by partners in Kharkiv Oblast in 2007

The project's basic brochure on the FP methods and the new STI brochure were translated into Russian for use in AR Crimea and Sevastopol City. And a new edition of *Moya Dytyna* (*My Child*) magazine was printed with an article on postpartum contraception, and TfH ensured distribution of 2,000 copies in maternity homes, especially on the Crimean peninsula. Copies of other IEC materials, including the videos, were also disseminated in these territories and put to use. The BCC team worked closely with the MOH of AR Crimea and Sevastopol City Health Department to ensure that IEC materials were properly placed and used.

In addition, TfH and local counterparts—mainly NGOs and OHDs—continued to build relationships with *mass media* and facilitated the dissemination of FP messages through 117 print articles, 674 TV spots and programs and 188 radio spots/programs and Internet articles.

Strengthening Oblast Partnerships for Implementing BCC Activities

One of TfH's major efforts from the beginning has been to build capacity of local counterparts to understand the critical role of BCC in improving FP/RH in Ukraine and to develop a cadre of interested, talented individuals with the knowledge and skills to conduct BCC on FP/RH. This year, TfH strengthened the NGOs' and government partners' technical BCC expertise by training staff and volunteers, supporting events, providing methodological support and facilitating the exchange of experience among counterparts. Project technical assistance centered on AR Crimea, Sevastopol City, as outlined on page 9-10, and the six oblasts that joined TfH in 2008 and thus still have limited experience in BCC. There were also two meetings for BCC partners to share experiences and update their knowledge—one to prepare for FP Week and one to share and analyze results and build momentum for the rest of the year.

A Young Volunteer from a BCC Training in Odessa Speaks out

"I worked as volunteer for events on HIV/AIDS prevention before and I thought I knew a lot about prevention of STIs and reproductive health in general. But at the training I understood that there is much more information that young people should be aware of - information that will help them to change their behavior. I learnt this at the training and can now talk about these important topics to my peers."

Special events have proved to have a galvanizing effect on counterparts around the country, so TfH uses them as en entry-point to build BCC capacity. To prepare for these events, TfH provided nine trainings for more than 150 NGO volunteers and social services staff in nine oblasts (AR Crimea, Dnipropetrovsk, Ivano-Frankivsk, Lviv, Odessa, Poltava, Rivne, Volyn and Zhaporizhya) on how to conduct outreach events and on strategies to approach various audiences with FP/RH messages. In addition to FP Week, special events were held on the occasions of World Students Day (October), World AIDS Day (December), Valentine's Day (February) World Health Day (April) and the Day of Contraception (September.) In the course of the year, there were 1.124 special events, attracting about 420,000 people. The most active oblasts were AR Crimea, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Kharkiv, Khmelnytsky, Lviv, Odessa, Vinnytsya and Volyn. A particularly noteworthy set of events was organized by the Railroad Trade Union in Crimea, in which volunteers reached almost 6,000 union members in various rayons of the Crimean peninsula. Another example was a Valentine's Day event organized by the Lutsk (Volyn) NGO *Regional Institute of European Development* which mobilized 15 volunteers to reach over 300 students with FP/RH messages in various city discotheques and clubs.

A total of 89 BCC educators were trained on interpersonal communications during the year, including 23 from AR Crimea and Sevastopol City, and there was a noteworthy collaboration with Odessa City Department of Education where TfH (through an NGO partner) trained over 130 biology teachers, school psychologists and teachers of extra-curricular activities to integrate FP/RH content into their work. Other oblasts organized trainings for school teachers and psychologists from higher education institutions, so they would include FP/RH in their academic programs.

Building Demand for FP/RH Care and Products

"Ask the doctor about FP methods"

"Did you ask the doctor about FP methods"

With a growing number of health facilities providing FP/RH services in project oblasts, an important element of oblast-level BCC activities was to increase demand for improved and expanded FP/RH services in areas where health workers have been trained by the project and to inform the population about the availability of free

contraceptives and where they are available. The *Together for a Healthy Future* logo was at the center of this effort, providing a concrete sign to the public indicating health facilities with trained providers. Following the recommendations of partners in project oblasts, a new version of the logo was developed, pre-tested, printed and distributed in the oblasts. The new logo supports the key message, "Ask your Doctor about Family Planning Services," and comes in two versions. One version is placed outside the door of a doctor's office, with the message, *Ask the doctor about FP methods;* the other goes on the inside of the door, with a reminder to the client, *Did you ask the doctor about FP methods?* This has the dual benefit of encouraging the population to ask for FP and reminding health professionals to discuss modern contraception with clients.

To spread the word outside of health facilities, TfH worked with partner oblasts to generate articles in print and electronic media, talk shows on local radio and TV as well as print and radio messages about the location of health facilities providing FP/RH services. It also supported oblasts to produce flyers and leaflets with contact information for health facilities with modern, updated FP/RH services. These were distributed at special events, interpersonal communications sessions and elsewhere.

Conducting Public Relations for the Project

The project website (http://tfh.jsi.com***)*** was launched in spring, after being approved by USAID. In addition to providing an overview of the project, it has an extensive collection of project-produced materials for health professionals and the public, reports, research and data on project results. At the end of the year, project staff were working on a Ukrainian version of the site.

TfH staff prepared six short "success stories" to promote USAID's support for FP/RH in Ukraine: *Sevastopol Health Department and USAID Tackle Reproductive Health Issues* which appeared on the USAID/Washington website; *FP/RH Educational Activities in Crimean-Tatar Communities*; *Lutsk – Rivne: Two Wings – One Goal* about oblast-to-oblast collaboration to improve FP/RH; *Pieces of the Puzzle, a Multi-Pronged Approach to Behavior Change Communication* about work in Vinnytsya Oblast; *Healthy Parents – Healthy Children. Healthy Children – Healthy Future* about incorporation of TfH's clinical training into postgraduate medical education; *Putting People Front and Center or Case-Studies for Health Managers* about the public health approach embodied in TfH's management training.

The project also helped oblasts prepare press releases to announce key events, like FP Week, other public actions or the first training workshop in a new city/rayon, placing special emphasis on the Crimean peninsula. There were more than 50 items in mass media during the year about the project and USAID's support.

TfH also submitted six abstracts to the Congress of the European Society of Contraception and Reproductive Health and the American Public Health Association. Five were accepted for poster and oral presentation. Three of these abstracts were presented at the European Society for Contraception, and TfH plans to present the following papers at the APHA meeting in Denver, Colorado, in November: *Innovations Target Improved Access to Family Planning and Evidence-Based Information in Ukraine* and *Building a Sustainable Family Planning Program in a Pronatalist Environment*.

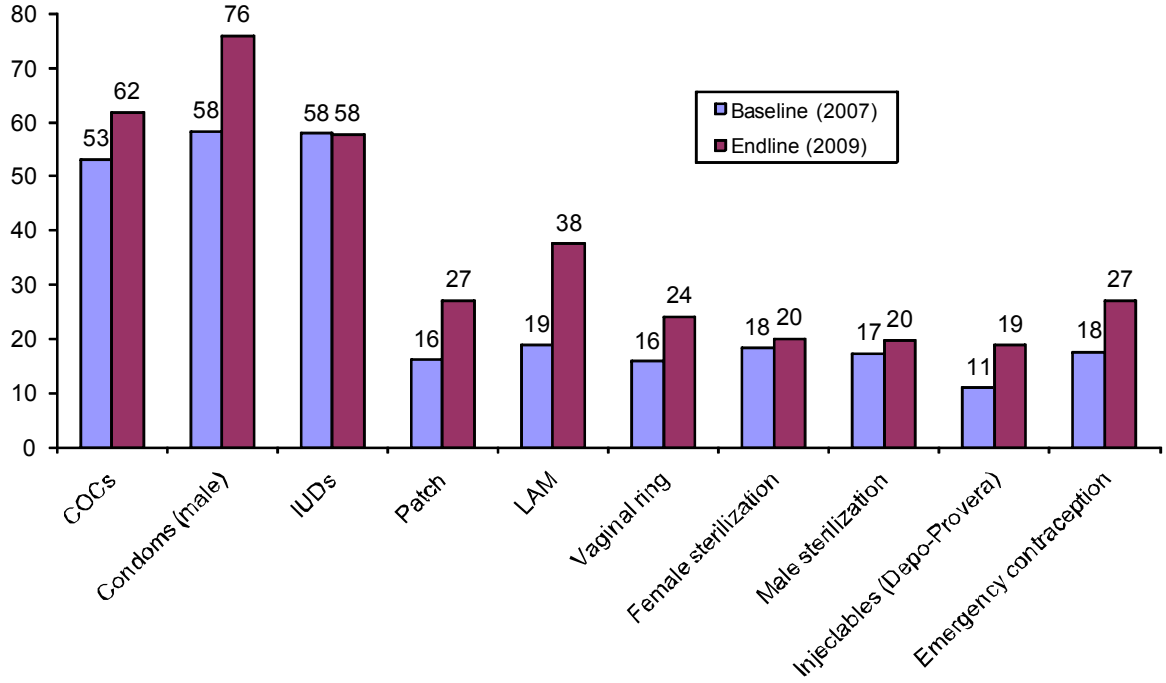
Results of BCC Activities

The project's results in improving clients' knowledge, attitudes and use of appropriate FP/RH services and products are ultimately seen in the data about contraceptive use, which have been positive over the life of the project, although 2010 data show mixed results (see page 6-7.) However, to advance the Ukrainian public along the spectrum of behavior change—from improved knowledge to attitudes and then to practices/behavior—the project placed a heavy emphasis on improving knowledge and attitudes. Thus, it is gratifying to see that the percentage of surveyed women with positive attitudes toward the more effective contraceptive methods rose by impressive levels in the five oblasts where project assessments were conducted in 2009.

- The project trained 89 BCC educators and leaders on FP/RH during the year (85.4% women, 14.6% men) who then went on to conduct interpersonal communications sessions for the public (see Annex 1, Supplementary Tables 11.a and 11.b;)
- Almost 9.9 million people in 15 partner oblasts were reached with FP/RH information and behavior change interventions during the year, including about 1.2 million in AR Crimea and about 200,000 in Sevastopol City. This includes about 435,000 through large special events and interpersonal communication educational sessions, almost 600,000 through information, education and communication (IEC) materials, and about 8.85 million through mass media. (See Annex 1, Supplementary Tables 9 – 14.d)

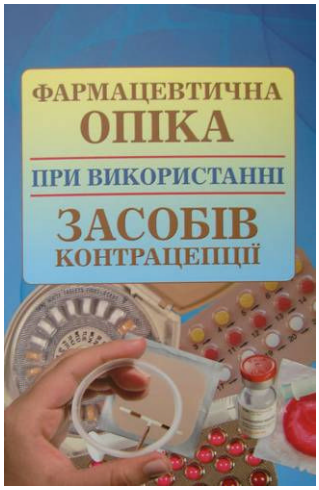
- The percentage of women with positive attitudes toward more effective contraceptive methods[‡‡] rose from 29% in 2007 to 37% in 2009, according to surveys of women leaving project-assisted health facilities in Dnipropetrovsk, Odessa, Poltava, Vinnytsya and Volyn oblasts (see Figure 8.) The baseline survey undertaken in AR Crimea and Sevastopol City found that percentage stood at 30.4% in both territories in 2009. Endline data collection to look at the project's impact on the Crimean peninsula is planned for March 2011.

Figure 8: Percentage of Women Leaving Project-Assisted Health Facilities in Five Oblasts who reported Positive Attitudes toward the More Effective Contraceptive Methods, by Method, 2007 and 2009



- Among women who received print materials during their visit to a health facility, the most frequent topics addressed in the materials in 2009 were family planning (83.7%) and STIs (46.3%), according to surveys of women leaving project-assisted health facilities in five oblasts. This compares with 60.7% and 39.0% respectively in 2007.
- Assessments of project-assisted health facilities in five oblasts conducted in 2009 found that 92.7% of the facilities had the TfH contraceptive methods poster on display; 79.1% had the project's contraceptive methods brochure on display; and 90.9% had the *Together for a Healthy Future* logo on display.
- The percentage of women leaving project-assisted health facilities in five oblasts who reported having seen/heard/read anything about modern contraceptive methods in mass media in the past six months grew from 77.0% to 83.3%.

Result 3: Increased availability, accessibility, and affordability of contraceptives



TfH continued to emphasize improved access to contraception for poor and vulnerable populations. This year had a major focus on the importation of USAID-donated contraceptives and plans to expand the current distribution of donated condoms to include contraceptives. At the same time, however, project staff pursued their efforts to support the MOH and OHDs in allocating funds for contraceptive procurement and using these very limited resources as effectively as possible. Unfortunately, after two years of a growing number of CYPs from free contraceptives, in 2010 that number fell, from about 100,000 in Year 4 to just 24,500 in Year 5. At the same time as working with the public sector, however, TfH maintained its collaboration with the private sector, aiming to reach large numbers of doctors and pharmacists beyond project rayons with accurate,

[‡‡] COCs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.

evidence-based information about contraception at very low cost. Finally, it continued its work to institutionalize FP in pharmacy education programs, preparing pharmacists to disseminate accurate information to their clients, and it revived its pharmaceutical training for front-line pharmacists in AR Crimea and Sevastopol.

Improving the Availability of Free Contraceptives for Vulnerable Populations

There were two main directions of project activity on this topic during the year. First, project staff facilitated importation of a USAID donation of contraceptives and prepared for their distribution in partner oblasts, which proved much more complicated and time-consuming than anticipated. Second, they worked with counterparts at the MOH and in the oblasts to assist them in mobilizing funds and procuring modern contraceptives for the disadvantaged population groups identified in the SPRHN: women living with HIV, those for whom pregnancy is medically contraindicated, youth aged 18-20 and low income groups.

In spring 2008, USAID/Ukraine placed an order with USAID/Washington for COCs, POPs, IUDs and injectable contraceptives to support the TfH project's work. After numerous revisions of the order, due to Ukrainian requirements for drug imports and humanitarian donations, as well as due to product availability, the final order, valued at $765,000 was placed in April 2009. Unfortunately, the POP provided by USAID (*Microlut)* had to be omitted from the order, since it is not registered in Ukraine and the producer was slow to initiate the registration process.

By the end of the previous project year, all the paperwork in the Ukraine and the US was progressing well and, in December 2009 copies of the paperwork from USAID/Washington and the contraceptive manufacturers were formally submitted to the Cabinet of Ministers' Commission on Humanitarian Assistance, which approved the donation in January. The project promptly submitted an array of documents needed to request various approvals, accreditations and import certificates from different government authorities.[§§] By early March, all the requisite documents had been issued and the shipment of contraceptives could be sent to Ukraine.

The shipment arrived safely in the Kyiv Customs Office for humanitarian donations in the second half of March, but new paperwork issues arose and the project had to reapply to the Cabinet of Ministers and MOH for the clarifications requested by Customs. Meanwhile the contraceptives were placed in a Customs warehouse, under government seal. The project had to request a special meeting of the Humanitarian Commission of the Cabinet of Ministers to review the additional material requested by the Kyiv Customs Office and adopt a new resolution with all needed clarifications. Once the new Cabinet of Ministers resolution was released on April 1**.** Customs clearance was finalized and the contraceptives were moved to a warehouse contracted by the NGO *Young Doctors Federation* which is responsible for the donation in the eyes of the Government of Ukraine. The entire quantity of contraceptives, as specified in the donation certificates, emerged safely from Customs: 1,780,320 cycles of *Microgynon* oral contraceptives; 288,000 pieces of *Optima* IUDs; and 57,600 vials of Depo-Provera injectable contraceptives with syringes. While it took about two years to place the contraceptive order, have it shipped and cleared through Customs, it was a major accomplishment to bring the contraceptives into the country at a time when the Government is very reluctant to accept donated drugs, due to a major public scandal in 2008 about a death during distribution of donated vaccine not registered in Ukraine. The fact that there were no losses along the way is also remarkable.

Immediately after receiving the contraceptives, TfH worked with counterparts to finalize a simple Logistics Management Information System (LMIS) for the donated commodities, based on that already in use for USAID-donated condoms. The donated contraceptives will be distributed to facilities with TfH-trained health workers, through the same system as Government-procured commodities and to the same four priority population groups (see above.) The LMIS will facilitate the commodities reaching outlying health facilities and non-traditional FP/RH providers in rural areas, which have never before received contraceptives, and will provide accountability. It will also introduce the concept of keeping a "buffer stock" on hand, so all methods are in stock in health facilities at all times. An initial orientation on the LMIS and contraceptive distribution was conducted for TfH oblast technical coordinators in June, paving the way for the development of oblast-level distribution plans and guidelines**.** The project also developed supplementary agreements with OHDs, signed in the third quarter, outlining the conditions of the donation and the responsibilities of counterparts in distributing contraceptives to the four eligible population groups.

[§§] A Customs certificate for the NGO *Federation of Young Doctors* to be accredited in Customs as the recipient of the USAID donation; a Customs certificate for the shipment to be cleared as humanitarian assistance, free of taxes; letters from the MOH and the MOH drug committee certifying registration of *Microgynon* and *Depo-Provera* in Ukraine; an MOH drug committee one-time import certificate for the *Optima* IUDs, which are not registered in Ukraine; a certificate of quality for the IUDs from the Kyiv Toxicology, Ecology and Hygiene Institute; and other documents.

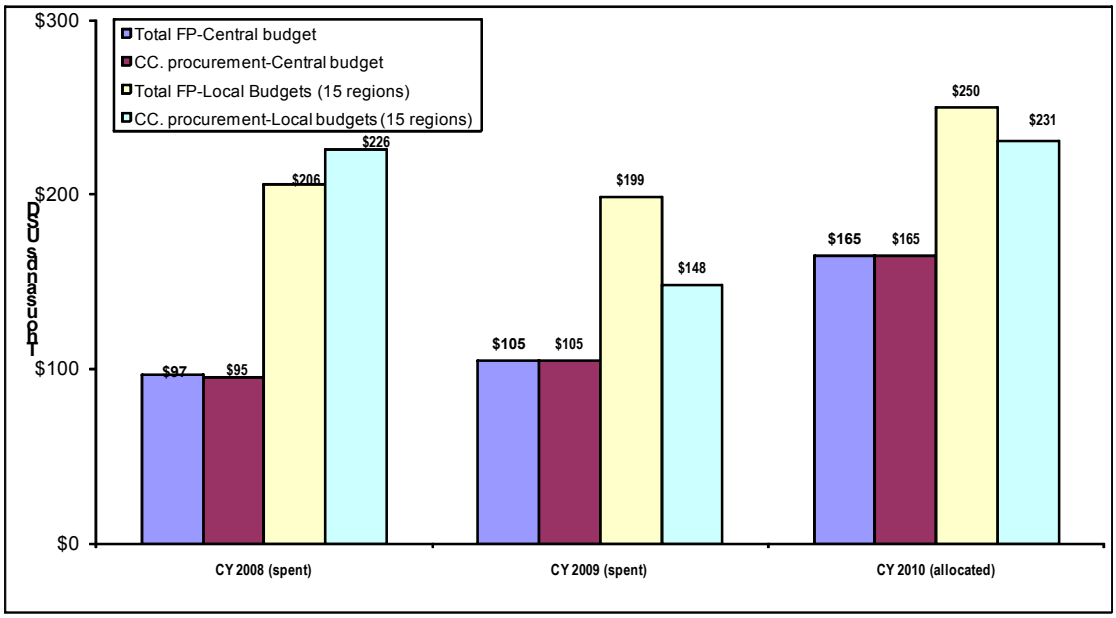
In the summer, in response to a request from USAID for a detailed contraceptive distribution/logistics management plan, specifying the quantities of each method to be donated to each health facility and sub-facility, project staff devoted much of the last quarter of the year to the development of that plan, which includes over 2,500 facilities and sub-facilities**.** The plan was discussed with USAID on several occasions and it is hoped that it will be approved early in Year 6. Project staff also worked with the MOH to prepare a *prikaz* about the LMIS, a requirement for TfH partner oblasts to receive and distribute the contraceptives and include them in their financial monitoring system. The *prikaz* specifies the total initial quantities of contraceptives to be allocated to health facilities and the buffer stock to be kept at the oblast level. At year's end, after long delays, the *prikaz* was issued ("On Additional Activities to Implement the Together for Health project (USAID)," Prikaz # 826, September 29, 2010.)

Distribution of USAID-donated *condoms* continued to progress well, as long as supplies lasted, with high public demand and wide use for BCC activities. TfH's reporting system shows that the last 510,000 of the 6.36 million condoms were distributed to health facilities. When delivering condoms to the oblasts, TfH includes posters with information about available contraceptive methods in Ukraine, so clients are aware of the full range of contraceptive choices. It also includes flyers to make individual health providers aware that the condoms are a donation from the American people and to remind them of the requirements accompanying the donation. Similar materials are being prepared for distribution with the contraceptive donation.

TfH assisted counterparts at the MOH and in the oblasts to mobilize funds and then procure modern contraceptives for the four priority populations identified in the SPRHN. The Institute of Pediatrics, Obstetrics and Gynecology asked TfH to provide recommendations for the contraceptive procurement process to be conducted with 2010 budget funds under the SPRHN and the project did so, emphasizing generic specifications, rather than brand names, and encouraging consideration of the number of people who could be reached with different method-mix scenarios. The actual MOH procurement remains to be conducted, however, due to the very late release of budgets across the Government this year. In the oblasts, TfH staff provided similar information to help partners make informed choices about how best to spend their money. Oblasts, like the MOH, however, have had to postpone most expenditures till very late in 2010.

At the central level, the amount of money spent ("executed") for contraceptive procurement increased from $94,580 (690,400 UAH) in 2008 to about $105,400 (832,400 UAH) in 2009 (see figure 10 below). At the oblast level, meanwhile, TfH helped partner oblasts mobilize and spend $147,900 (1,168,600 UAH) for contraceptive procurement in 2009—less than the $226,400 (1,652,600 UAH) spent in 2008. The decline in spending at the oblast level between the two years is attributable to the need to cut budgets across the board in response to the economic crisis. It also noteworthy that three oblasts accounted for almost 84% of partner oblasts' expenditures for contraceptive procurement in 2009: Volyn spent $64,100 (506,400 UAH), Poltava $45,350 (358,300 UAH) and Dnipropetrovsk $14,300 (112,900 UAH.) TfH also helped the MOH and oblasts advocate for mobilization of their 2010 allocations for contraceptive procurement, which were set at $165,250 (1,305,500 UAH) for the MOH and $233,300 (1,843,000 UAH) for partner oblasts. However, with fund releases significantly delayed, the prospects for being able to spend the full 2010 budget do not look encouraging at this time.

Figure 9: Central and local budgets funding for FP/contraceptives



Sustaining Evidence-Based Provider Practices through the Public-Private Partnership

TfH's collaboration with the PSPs continued to enhance their important role in modernizing FP/RH practices and expanding the private sector contraceptive market, especially by raising the profile of lower-priced brands. Partners include Bayer-Schering Pharma, the leader in Ukraine's contraceptive market; Richter-Gideon, manufacturer of many of the lower-priced contraceptive brands in the country; MSD (originally Organon and subsequently Schering-Plough), one of TfH's most important original partners; Sperco, a major spermicide manufacturer; Tespro, the exclusive importer and distributor of *Pregna* Copper-T IUDs in Ukraine; and SMD, a pharmacy market research firm. A new partner this year was Berlin-Chemie Menarini, a recent arrival on the Ukrainian contraceptive market, with a COC.

Three PSPs continue to play an important role in improving access to affordable contraceptives and a broader method-mix by lowering prices on certain brands. MSD has maintained 2008 prices for *Exluton*, a POP, nationwide as its contribution to the PPP, while Tespro has done the same for its *Pregna* IUD, and Berlin-Chemie largely supported the new EBM round-tables. Partners also donate samples for use in the project's clinical trainings and BCC activities. And SMD, a pharmaceutical market research firm, continues to donate contraceptive sales data to the project from its pharmacy surveys.

A key point of collaboration with the PSPs in the past year, however, has been to complement TfH's clinical component by seeking to improve providers' attitudes and prescription practices on FP/RH. The major event was a two-day EBM training, *Contraceptive Alternatives to Abortion,* held in February in AR Crimea in collaboration with Bayer-Schering and Richter-Gideon. The private sector partners supported all costs apart from materials and the expenses of the facilitators; most significantly, they covered the costs of participation by their "key opinion leaders" and medical representatives**.** The roundtable prepared participants to understand the basics of EBM and to conduct short roundtables using CATs. Dr. Tetyana Tutchenko, a principal project-trained EBM methodologist, and AED consultant, Michael Thomas, led the workshop, which also involved representatives of the health authorities of AR Crimea and Sevastopol City.

After the Crimea workshop, the PSPs expressed interest in taking the EBM roundtables and dissemination of CATs to other oblasts and Berlin-Chemie became the main partner in these events, supporting the bulk of the costs of such roundtables in TfH partner oblasts. Dr. Tetyana Tutchenko facilitated the sessions and TfH's contribution consisted of her costs and workshop materials, which included CATs, the EBM orientation curriculum, the pharmaceutical reference manual and the *Contraceptives Available in Ukraine* booklet. Over the year, 14 such EBM roundtables reached 289 ob-gyns in 10 oblasts (AR Crimea, Dnipropetrovsk, Donetsk, Kharkiv, Khmelnytsky, Rivne, Sevastopol City, Vinnytsya, Volyn and Zaphorizhya.)

It is unclear how many providers were reached by the PSPs with evidence-based information and project materials after the rountables, since they are reluctant to share information about their marketing activities, but TfH has heard that participants began to disseminate evidence-based information on contraception to front-line doctors during their regular speaking engagements on behalf of the PSPs. In addition, Bayer-Schering informed the project that it had distributed 3,000 copies of the CATs (each copy consisting in a compilation of 16 individual CATs) in 10 project oblasts as well as other oblasts and SMD continued to disseminate information on contraception and CATs to pharmacists nationwide.

After the Crimea workshop, Michael Thomas worked with the EBM methodologists affiliated with the EBM Center at NMAPE and with project staff to update the existing CATs and produce new ones for future EBM seminars/roundtables. A new compilation of 38 CATs was produced addressing not only oral contraception but also IUDs, injectables and emergency contraception. The CATs were approved by NMAPE and 4,000 copies of the compilation were printed. Mr. Thomas also assisted with the preparation of presentations for roundtables on combined oral contraceptives and IUDs for future roundtables/seminars. The project now has three standard programs for EBM workshops.

Cooperation with PSPs at the national level no longer focused on periodic joint meetings of the PSPs, but rather on individual contacts with each partner, recognizing that their competitive relationships stand in the way of collaboration to expand the contraceptive market. TfH staff worked with the PSPs during the year to update the booklet, *Contraceptives Available in Ukraine,* which was reprinted (2,150 copies) and used in the oblasts and during clinical and pharmaceutical trainings and roundtables.

Improving Pharmacists' FP/RH Practices

This year, TfH revived its training for front-line pharmacists as part of its expansion to the Crimean peninsula. Work was launched with a TOT for 15 practicing pharmacists and instructors from several pharmaceutical chains and from Crimea State Medical University in December. The TOT aimed to prepare a team of trainers to roll out pharmaceutical trainings on the peninsula. Three national pharmaceutical trainers from National

Pharmaceutical University in Kharkiv, who have collaborated with the project since Year 2, conducted the two-day TOT, consisting of contraceptive technology information and an introduction to interactive teaching methods. TfH followed its usual practice of having national trainers support the new trainers as they gained experience in conducting these workshops. As the TOT was taking place, TfH also met with the management of several major pharmacy chains to discuss the participation of their personnel in the project's pharmaceutical training courses. Ultimately, five major pharmacy chains sent participants to the workshops, with *KrymPharmacia*, a parastatal pharmacy chain, clearly the most interested and sending most of its pharmacists to the TfH trainings.

By year's end, a total of 13 one-day trainings for 244 pharmacists had been conducted in AR Crimea and Sevastopol City using the project's old training materials. Pharmacists who participated in the workshops said that the information and materials they received were relevant and useful and they were enormously appreciative of receiving a rare training opportunity—particularly from an unbiased source of information.

Efforts to institutionalize FP/RH training in postgraduate pharmacy education, largely completed in Year 4, also advanced. The reference manual for pharmacy education institutions, *Pharmaceutical Care for Contraceptives*, developed by pharmacy education faculty, with assistance from TfH, in Year 4 of the project received its final approval from the Ministry of Education and Science in January, after having already been approved by the Academy of Medical Science's expert committee on Obstetrics and Gynecology, the MOH and the NMAPE Scientific Council in Year 4. This opened the door to printing the manual (3,500 copies) and to its use as an official teaching manual in pharmacy education. It was disseminated at TfH's pharmaceutical trainings, EBM roundtables and other events, as well as to pharmaceutical and medical education institutions and 70 medical and scientific libraries.

TfH maintains contact with most of the pharmaceutical trainers in the oblasts developed earlier in the life of the project and several of them report still conducting one-day trainings all over the country using TfH materials at no cost to the project. An estimated 24 such trainings were conducted during the year, reaching almost 500 people, mostly pharmacists, with about half of these being conducted in collaboration with Richter Gideon in Vinnytsya Oblast. In addition, TfH responded to requests from NMAPE and National Pharmaceutical University in Kharkiv for project educational materials for pharmacists and physicians, which were disseminated during regular postgraduate trainings. In addition, opinion leaders from Kharkiv National Pharmaceutical University used project presentations, CATs and the *Pharmaceutical Care for Contraceptives* manual to deliver a comprehensive presentation on contraception at the Conference of Young Scientists, organized by their institution in Kharkiv at the end of April.

Results on improving contraceptive availability, accessibility and affordability

After several years of positive trends in terms of increasing the availability, accessibility and affordability of contraceptives, Year 5 has shown mixed results. After gradual increases in CYPs in recent years, the number of CYPs fell in 2010, both overall and in terms of condoms, which is the project's measure of progress in STI prevention. However, this needs to be viewed in the context of other data about contraceptive use presented in this report, in the context of the difficult economic climate in Ukraine and also sharp increases in contraceptive prices. The availability of free contraceptives in project-assisted health facilities in the five oblasts surveyed, by contrast, increased dramatically, due partly to Government procurements and partly to USAID-donated condoms. And there are clear indications that the project's efforts to broaden the method mix are beginning to show results in terms of injectables and POPs.

- As reported in the section on Progress toward the Project Goal (page 6), after gradual increases in CYPs in prior years, the number of CYPs in 2010 fell 20.5% to 667,600 (from 839,500 CYPs in 2009.) All TfH partner oblasts, except Donetsk, Odessa and Rivne, saw these declines, which ranged from 6.4% in Vinnytsya to 46.0% in Khmelnytsky (see Annex 1, Supplementary Table 3.) The only method for which there were modest increases in CYPs (14.5%) was injectables—an encouraging trend for the project's efforts to broader the method-mix—but the number remained very low, at 4,400.

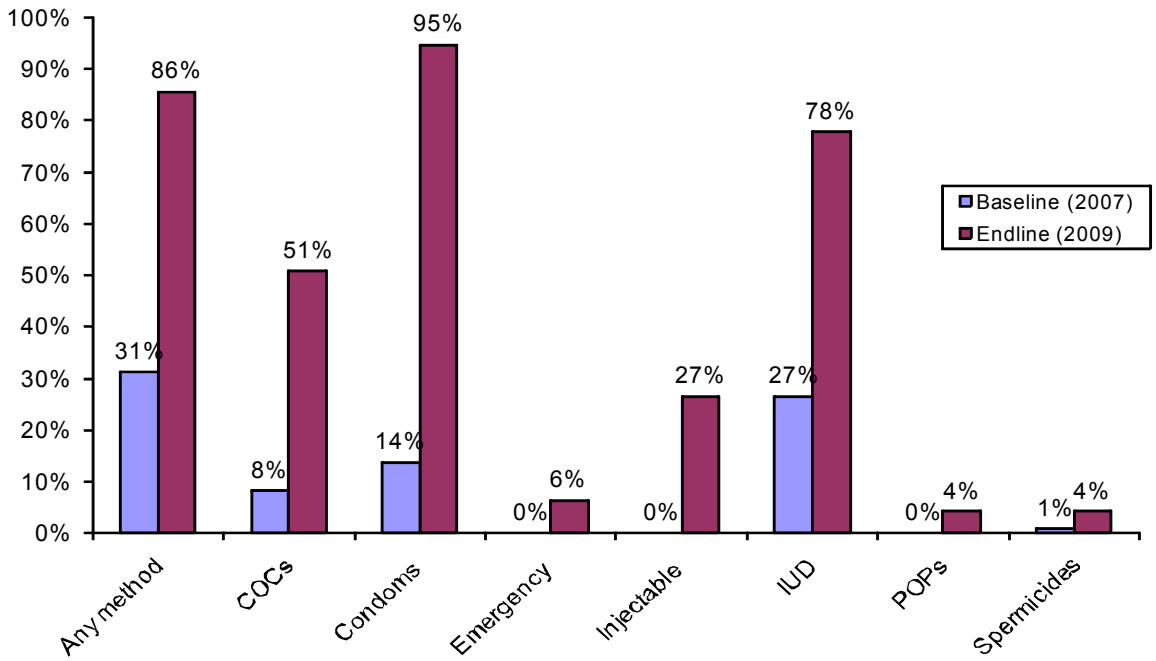
CYPs from condoms, which is the project's measure of its work on STIs, also fell—by 18.8% to 261,600 CYPs—with all oblasts except Donetsk experiencing declines. The declines ranged from 1.6% in Odessa to 49.9% in Ivano Frankivsk.

A similar pattern was seen with CYPs from free contraceptives—both those procured by government partners and those donated by USAID—which fell 10.0% to 24,459 CYPs, after almost doubling between 2008 and 2009 (113,400 CYPs in 2009) Notably, most of these CYPs (over 15,500) came from IUDs, which were procured by Government, but condoms also played a significant role, providing over 6,100 CYPs), and most of those were probably USAID-donated.

While the fall in CYPs is disappointing, it should be viewed in the context of the increasing numbers of contraceptive users reported by the MOH as well as client surveys in project-assisted health facilities that show an increase of 46.9% in the number of women reporting receiving either a contraceptive method or a prescription during their visit (see Figure 5.) It should also be mentioned that the contraceptive sales data, on which the CYPs are based, may not be completely reliable, since they have shown some lack of stability over the years. Ultimately, however, the reasons for a drop in CYPs are not clear, but it is likely that the economic situation, combined with substantial increases in contraceptive prices, play a role.

- TfH trained 244 pharmacists in AR Crimea and Sevastopol City on FP/RH. Participants' knowledge improved significantly after the trainings, as evidenced by the average pre-test score of 76.1% that rose to 97.8% on the post-test.
- The availability of free contraceptives in project-assisted health facilities in five oblasts improved substantially, with 85.5% having any method available in 2009, compared with 31.2% in 2007, according to facility assessments (See Figure 10.) The most widely available method in 2009 was condoms, thanks to the USAID donation. However, IUDs and combined oral contraceptives also had relatively high availability. And it is noteworthy that the availability of free injectables and POPs also improved, since these methods are still little-used in Ukraine. The improved availability of all methods except condoms is likely attributable primarily to Government procurements, demonstrating that TfH's efforts to encourage oblasts to procure contraceptives appear to be showing results.

Figure 10: Percentage of Project-Assisted Health Facilities in Five Oblasts with Free Contraceptives Available, by Method, 2007 and 2009



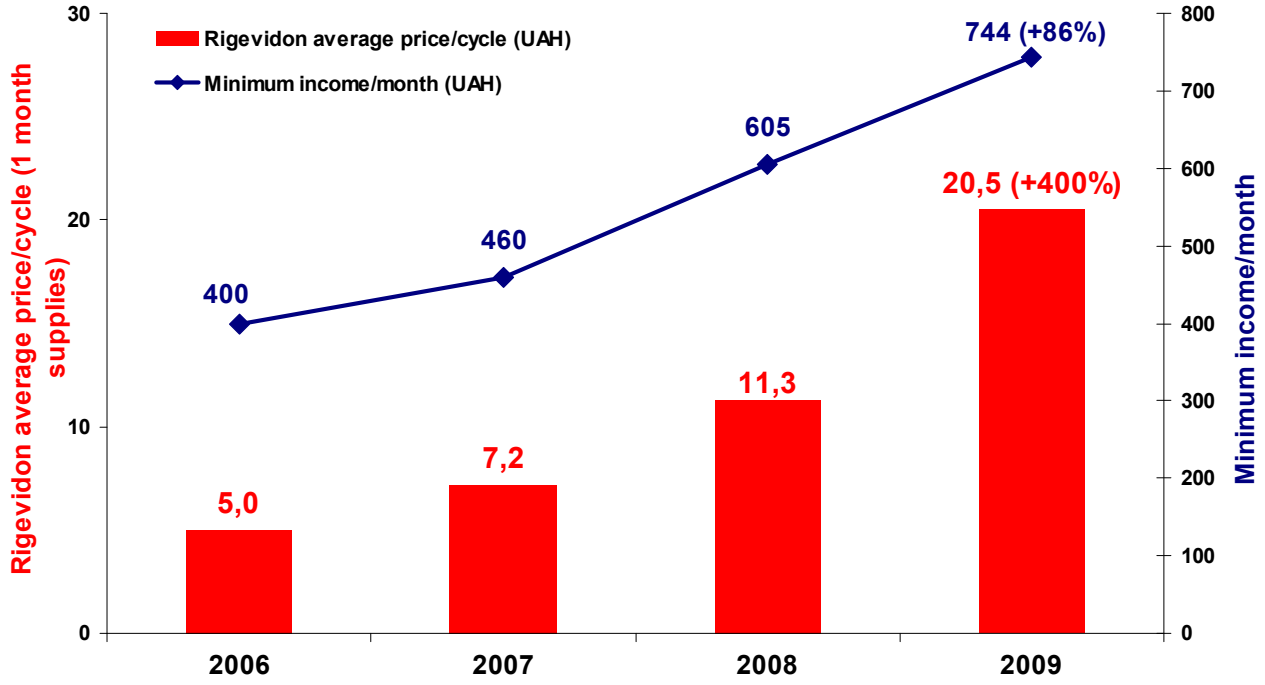
- The availability of different methods of contraception in pharmacies surveyed in the five oblasts presents a different picture, however. Availability there actually declined between 2007 and 2009, except for POPs and injectables (see Table 3 on next page.) This is disappointing in light of the increases in contraceptive availability in pharmacies—including in the more affordable brands—achieved earlier in the project when TfH was still conducting pharmacy trainings in project oblasts (See Annual Report, Year 3, Result 3.) However, the fact that there were important increases in the availability of POPs and injectables is encouraging and is likely attributable to the project's work to make these methods better known and more acceptable.

Table 3: Percent of Surveyed Pharmacies in Five Oblasts Carrying Various Contraceptive Methods, 2007 and 2009

	2007	2009
COCs	96.4%	93.1%
Condoms	82.8%	74.3%
Emergency contraception	80.2%	77.7%
Injectables	16.4%	19.4%
IUDs	52.6%	39.7%
POPs	6.8%	19.8%

While it is not known why most contraceptives became less available, this may well be connected to the substantial price increases that occurred for all methods between the two years, ranging from 24% for condoms to around 90% for COCs and emergency contraceptives (see Annex 1, Supplementary Table 18) It is noteworthy that the average price of the cheapest oral contraceptive, *Regevidon*, increased four-fold from 5 UAH per cycle in 2006 to 20.5 in 2009, while the Government's minimum wage did not quite double from 400 to 744 UAH/month over the same time period, providing an indication of the difficulty lower income groups likely face if they wish to purchase contraception (see Figure 11.) Most of the price increase, as well as most of the increase in the minimum wage occurred between 2007 and 2009.

Figure 11: Trends in Pricing of* Rigevidon *(the cheapest oral contraceptive) Relative to the Minimum Wage in Ukraine (2006 – 2009)



Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health

From the beginning of the project, one of TfH's main strategies for sustainability has been to support the development and implementation of the SPRHN which is the only policy platform for the government to invest in FP/RH after the project ends. Progress has been made, with about $303,800 spent by the national and oblast governments for FP/RH in 2009 and with the MOH and oblast partners establishing improved management systems to actually plan, implement and monitor their Programs. The Program is also beginning to serve as a policy and program dissemination platform for FP/RH interventions and to reinforce the importance of FP as an essential element of the Government's MCH/RH agenda at the national and oblast levels. Not only is this bringing important benefits for the future of FP/RH in Ukraine, but at the same time, it is promoting better governance, so that Government funds meet the needs of the population and resources are used effectively and accountably. While the bulk of the project's work in this Result area was focused on supporting the SPRHN, the

project also provided management training for FP/RH managers in the Crimean peninsula, drawing on the management training developed by the project in Years 2 – 4.

Fostering Implementation of SPRHN's FP/RH Objectives at the National Level

TfH continued to assist the SPRHN National Coordinating Committee (NCC) and Technical Assistance, Monitoring and Evaluation Group on effective Program implementation by the MOH. The major focus this year was on supporting the MCH department of the MOH in using the SPRHN M&E tool developed with project assistance. A series of workshops were conducted in the first half of the year for nine project oblasts to help the managers of oblast and rayon RH Programs use the M&E tool to quickly and efficiently gather information on Program activities, expenditures and results in 2009 at the city, rayon and oblast levels and consolidate this into a complete picture of work in their oblast. A users manual was developed and disseminated at the workshops and by the MOH to oblasts that are not part of the TfH project. Based on reports submitted to the MOH using the new M&E tool, TfH helped the Ministry finalize the FP/RH content of the 2009 National SPRHN report, including information on expenditures, activities and results/indicators at each level of the health system (central, oblast/city and rayon.)

Soon after SPRHN data for 2009 were consolidated at the national level, the project's policy staff helped the MOH organize a meeting of the SPRHN National Coordination Committee, held in March. The meeting featured a report on implementation of the State Program in 2009, based largely on the information collected through the M&E tool and the MOH expressed appreciation for the tool at the meeting. There was also discussion of the progress of the SPRHN working groups, the results they had achieved and the problems encountered. Planned SPRHN priorities for 2010 were on the agenda, too, though it was underlined that the status of the 2010 Program budget was uncertain. Coordinating committee participants noted that SPRHN is the only mechanism to support implementation of FP/RH policies in Ukraine and urged the Cabinet of Ministers to approve the full budget authorized for 2010, as stipulated in the 2006 resolution establishing the SPRHN.

The 2009 SPRHN report shows a total of $2.97 million (23,472,300 UAH) spent for the overall Program (all objectives) at the *central* level that year. Only $105,400 (832,400 UAH) or 3.5% of the total was for family planning, all of it for contraceptive procurement. Thus, while central-level expenditures for the overall Program fell sharply, expenditures for FP actually increased relative to 2008, when $97,200 was spent for FP, including $94,600 for contraceptive procurement. An additional $875,600 (6,917,300 UAH) was spent in 2009 for test kits for TORCH infections.

The post-election transition resulted in substantial delays in adoption of the 2010 budget. When it was finally adopted in April, the SPRHN received $4,312,100 (34,065,700 UAH)—only $253,200 (2 million UAH) short of the full authorization level envisioned for 2010 in the original SPRHN Program approved in 2006. However, funds are restricted to procurement of drugs and equipment only, with other public health priorities, like health education and training, falling victim to the economic situation. Among the procurements included in the budget are $165,250 (1,305,500 UAH) for contraceptives, the same amount included in the 2009 budget, although this amounts to a slight drop in US dollars, and $886,100 (7 million UAH) for tests for TORCH infections. However, this year has seen major delays in actual release of funds. By the end of September, only a little over a third of budgeted funds--$1.54 million (12,154,000 UAH)—had been released to the MOH for SPRHN and funds for contraceptive procurement are only scheduled for release in December. This slow release of funds will make it difficult for the MOH to keep up the momentum of Program activities and to conduct procurements in the short period available. Indeed, it may leave money unspent at year's end.

TfH also continued to work with the SPRHN policy working group, which includes MOH and OHD representatives, academics, donors, representatives of the private sector and others, to improve existing FP/RH legislation. The main focus was on updating the Cabinet of Ministers' regulation on eligibility criteria for free contraceptives (CabMin 1303/1998) to include the four population groups stipulated in the SPRHN. A list of criteria for each group was developed during the year, along with the economic implications and budgetary needs to cover each group entitled to free contraceptives. The document was discussed with juridical, budgetary and staff departments of the MOH and finalized. However, like so many other policy documents, this one remains stalled in the post-election transition at the MOH.

The working group also completed its update of standards/protocols for voluntary surgical sterilization, but these remain to be adopted by the MOH. Revisions to MOH Order No. 25/1997 removing estrogen-containing medications from the list of drugs presenting a risk of liver cancer were determined to be unnecessary since they had already been removed. And revisions to Article 22 of Ukraine's Family Code to change the age of marriage were not made, with the group recommending broader public discussion of the topic in mass media before changing the law.

Fostering Implementation of SPRHN's FP/RH Objectives at the Local Level

To continue supporting FP/RH Program implementation at the oblast level, TfH provided technical assistance to oblast coordination committee (OCC) meetings in most partner oblasts. The meetings are valuable mechanisms to review Program accomplishments to date, to plan and coordinate activities among various partners, identify issues and gaps that need to be addressed and to plan advocacy for Program funds. They also help promote more transparent government and decision-making about public funds. Many meetings brought together representatives of cities and rayons participating in program implementation, as well as NGOs and oblast departments other than OHDs. Mass media representatives attended some meetings to disseminate information to the public, including realistic expectations for the future and constraints. Oblasts that have been particularly successful in conducting effective coordinating committee meetings are Dnipropetrovsk, Ivano-Frankivsk, Khmelnystky, Poltava, Vinnytsya and Volyn, but all TfH partner oblasts are now conducting meetings at least twice a year and the meetings are playing a useful role in managing Program implementation, identifying and addressing issues and problems and advocating for the Program at the oblast level.

Early in the project year, meetings focused on 2009 program accomplishments and challenges and efforts to secure resources for the Program in the face of ever-increasing budget constraints and uncertainty about the 2010 State health budget. The project's "Advocacy Package" continued to play an important role in supporting advocacy efforts, along with demonstrable Program results captured by the M&E tool, results of TfH's endline assessments, as they became available, and other information on Program and project impact. Once budget issues were addressed, TfH support for OCCs turned to planning for major FP/RH events, such as FP Week or World Contraception Day, and development of operational plans that enhance coordination. The meetings also often considered how to coordinate resources—including inputs from TfH—so as to maximize the impact of available funds.

The process of developing the Crimea RH Program got off to a rapid start, but much work remains to be done. An OCC has not yet been officially formed, but a working group, comprised largely of MCH officials, has been overseeing the development of the RH Program. The working group used the TfH/MOH program development tools to develop a first draft of the Crimea RH Program, but this was rejected by the AR Crimea Ministry of Finance which recommended that the Program be shortened and added as an "RH/MCH block" to the existing *Health of Crimean Citizens* Program, with no specific earmark for FP. Revisions to the new "block" are still under way and TfH continues to work with counterparts and other advocates to include FP in the Program. Meanwhile, $1,173,900 (9,274,000 UAH) was allocated for the new "block" for 2010 and funding was transferred to local budgets, making it difficult to know how much will go for FP/RH, as opposed to safe motherhood and other RH issues.

TfH partner oblasts reported spending $6.68 million (52,784,000 UAH) in 2009 for oblast RH Programs, only a little more than half of their 2008 expenditures which amounted to $12.8 million (93,499,500 UAH.) Of the $6.68 million in reported 2009 expenditures, just $198,500 (1,567,900 UAH) or 3% was for FP—a drop compared to 2008, when 10% of partner oblasts' expenditures went for FP. There is general agreement that the reason for these declines is the economic situation which is resulting in budget cuts at all levels of government. The oblasts making the most significant investments were Volyn $64,100 (506,400 UAH), Poltava $46,800 (369,900 UAH), Lviv $25,500 (201,400 UAH), Cherkasy $20,400 (161,000 UAH) and Dnipropetrovsk $14,300 (112,900 UAH)—accounting for 86% of partner oblasts' total FP expenditures. Most of the 2009 expenditures were for contraceptive procurement, which amounted to just over $147,900 (1,168,600 UAH) or three-quarters of the total (see page 27-28 for further details on procurement issues.) However, there were modest investments in other FP activities, with Lviv reporting spending almost $25,300 (199,800 UAH) in "other" expenditures (renovations), $20,100 (158,700 UAH) spent for BCC (almost all in Cherkasy and Khmelnytsky); $2,400 (18,900 UAH) for information technology in Poltava and Zaporizhya; and $1,500 (12,200 UAH) for training (almost all in Cherkasy.)

All TfH partner oblasts except Donetsk[***] have approved budgets for their RH Programs for 2010. That includes Rivne, which didn't have a budget in 2009. Of a total of $3.27 million (26,077,700 UAH) budgeted for RH Programs in TfH partner oblasts overall, $250,000 (1,993,800 UAH) or 7.6% are for FP. This includes $231,000 (1,843,000 UAH) for contraceptive procurement (again less than the $277,400 budgeted for 2009) with only seven TfH partner oblasts budgeting for contraceptive procurement this year (Dnipropetrovsk, Ivano-Frankivsk, Lviv, Odessa, Poltava, Vinnytsya and Zaporizhya.) Ivano-Frankivsk allocated by far the largest sum, $64,000 (506,800 UAH.) Clearly, the economic situation is taking its toll on oblasts' ability to invest in the Program.

[***] Donetsk does not have an oblast RH Program, but allocates funds to FP/RH from the oblast budget. These funds are taken into consideration here.

However, like the MOH, oblasts have also experienced problems with mobilizing money this year. Their 2010 Program budgets were not approved until May and then, even by September, few funds had actually been released. Moreover, some oblasts reduced funding for their RH Programs—and for other oblast programs. The Volyn Oblast Council, for example, stopped funding all oblast programs from mid-2009. However, probably due to advocacy by the OCC and rapid program implementation by TfH, over $177,700 (1.4 million UAH) from rayon and city budgets were spent for RH Program implementation in Volyn by the end of 2009, including $64,100 (506,400 UAH) for contraceptive procurement.

Updating FP/RH Standards

TfH continued to work with MIHP to support the MOH working group tasked with updating *Prikaz 503*. This is the key MOH *prikaz*, developed almost eight years ago, establishing the standards for obstetric and gynecological services in Ukraine, including for FP/RH. Four meetings of the working group were held and, by the end of the year, the new version of the order had been finalized, reflecting international evidence and WHO recommendations. This was given to the MOH for internal review and approval, but the final version is still caught up in the post-election reorganization of the Ministry and remains to be signed.

Building Modern Public Health Management Approaches

Using the health care management curriculum for postgraduate medical education, *New Approaches to Teaching Health Management,* developed by NMAPE and TfH, with assistance from Harvard School of Public Health (HSPH), and endorsed by the MOH, TfH prepared an advocacy and management training for 23 rayon/city head doctors and their deputies responsible for ob-gyn in AR Crimea and Sevastopol City and two representatives of the Crimean MOH. The training program was certified as a postgraduate education course, with 10 postgraduate credits for participants, and was taught in three two-day blocks by senior NMAPE faculty, including Professor Nina Goyda, Vice Rector, and Professor Ozar Mintzer, between March and May. Topics included FP/RH service management approaches, including a public health approach to planning, health promotion and healthy lifestyles, development and implementation of local RH Programs, use of information, quality of care and client-centered care, human resources management and innovative approaches to health care financing. It used a case-based teaching methodology, affording participants the opportunity to explore management decision-making in real life situations inspired by Ukrainian best practices. Participants practiced developing local RH Programs, using an example based on data from Yevpatoria Rayon in AR Crimea and they recognized the value of the advocacy materials and tools provided during the training.

A Participant in TfH's Management Training comments…..

"This training is not typical, because it draws on concrete Ukrainian experience, and often we had teachers with no practical experience, but a great academic background. We also had the opportunity to attend a training formally accredited by one of the most respected institutions and we were able to discuss real issues with lecturers and trainers with a long track record of practical experience."

New Approaches to Teaching Health Management was also widely disseminated by NMAPE to academic training institutions. And the NMAPE faculty who worked on development of the curriculum continue to teach modules from the manual in their postgraduate medical education courses. They have also developed new modules, also using the case-based teaching method.

Mobilizing Counterpart Contributions

From the beginning of the project, TfH has encouraged its public and private sector counterparts to invest in FP/RH. In Year 5, the project mobilized an estimated $802,700 in counterpart contributions, slightly less than in Year 4, with approximately $641,000 coming from Government counterparts and almost $161,700 from the private sector. The public sector contribution increased slightly this year, largely because of the addition of two more oblasts and the high volume of activity, while the private sector contribution was lower than in Year 4. Contributions from the public sector included funds used for contraceptive procurements; workshops, roundtables and training workshops on FP/RH conducted at oblast expense; mass media time and space; the time of OHD officials, other FP/RH managers, health workers, BCC educators and other government personnel; office space and utilities for offices where TfH oblast staff work; venues for TfH-supported meetings, trainings, BCC events; and other items. Private sector contributions came from reductions in contraceptive prices by two PSPs; contraceptive samples donated by PSPs for training and BCC activities; mass media time and space in private media; SMD's donation of contraceptive sales data; the time of PSP staff in Kyiv and in the oblasts, and other items.

Results on Policy:

TfH's work to increase the capacity and commitment of the public and private sectors to support policies and systems for improved FP/RH has shown some relatively positive results this year, given the difficult economic situation that has led to reduced Government investment in health (and other) sectors and cut-backs in marketing and corporate social responsibility budgets for the project's private sector partners. The MOH and partner oblasts continued to invest in FP/RH, particularly in contraceptive procurement, through their oblast RH Programs, albeit at even more modest levels than in the past. It is encouraging that partners continue to make these investments for an activity that they have not traditionally funded, in a pronatalist environment and in tight fiscal times. The project was also able to attract significant counterpart contributions, particularly from the public sector.

- The central Government adopted five important policy documents related to TfH's work during the year. These include approval by the Ministry of Education and Science of the pharmaceutical manual for postgraduate education, developed with TfH assistance; MOH and MFYS policies related to implementation of FP Week; approval by NMAPE of an updated, expanded collection of CATs; and an MOH order for distribution of the USAID contraceptive donation. At the oblast level, an additional six *prikazes* of policy significance related to FP Week were adopted (see Annex 1, Supplementary Table 19;)
- TfH's public sector partners, including the MOH, OHDs, local health facilities, and others made counterpart contributions to FP/RH estimated at $641,000 (see Annex 1, Supplementary Table 20;)
- The project's PSPs (pharmaceutical manufacturers and distributors, SMD, private mass media, etc.) made counterpart contributions estimated at almost $161,700 (see Annex 1, Supplementary Table 20.)
- About $303,800 was spent for FP at the national level and in the project's 15 partner oblasts in 2009—a fraction of what is needed but still significant in an economic crisis when budgets are being cut.

IV. Project Management

The main management challenge of Year 5 was to expand rapidly to AR Crimea and Sevastopol City to reach at least 70% of the territory and the population of the peninsula in less than a year. At the same time, the 13 established partner oblasts—six of which had only been in the project for a year—needed support to continue project-assisted activities, to develop their capacity and promote local resource mobilization to continue and sustain TfH's investments in workshops, seminars, BCC activities, etc.

In spring TfH was informed by USAID that there was a possibility of a sixth year of funding for the project and preparing for an extension became an important activity in the final quarter. In August**,** JSI submitted a concise proposal, budget and M&E Plan to roll out key activities in 15 oblasts, scaling up evidence-based interventions to reach a critical mass of ob-gyns and family doctors in at least six oblasts, resulting in up to 75% of the population being covered in those oblasts, and continuing to build project sustainability. In September, JSI received a modification to its Cooperative Agreement adding $2.05 million for a sixth project year, bringing total project funding to $12.3 million.

Until formal notification of the extension came through, however, JSI took initial steps toward project close-out, as envisioned in the workplan. Olya Segars, JSI/Boston's financial manager for TfH, visited Ukraine in the winter to help develop a detailed close-out plan for the project and, in June, selected close-out procedures were initiated. Close-out operations were halted as soon as it became clear that the additional funding was assured and program activities were reinvigorated, enabling the project to exceed the level of planned activities in several areas. Staff immediately began gathering and preparing the documents needed to extend the project's registration and accreditation with the Government.

In the final quarter of the year, JSI terminated its subagreements with AED and HSPH, since they do not have a role in a sixth year of the project and they had spent their budgets. Both partners submitted final reports that recognize their valuable contributions to the project, AED in the areas of BCC and partnerships with the private sector and HSPH on advocacy and management training. The three AED staff, Natalia Karbowska, Deputy Chief of Party and BCC Director, Lidia Hryvia, BCC Coordinator, and Olha Shmanko, Private Sector Coordinator, transitioned from AED to JSI.

TfH had the privilege of hosting US Ambassador John F. Tefft in Lviv and other guests from USAID/Washington at a project site in AR Crimea.

TfH management was able to keep staffing remarkably stable, despite the uncertainty about the future of the project. A new Clinical Coordinator, Lyubomir Pokotylo, was hired in February to replace his predecessor who left in December. And as already noted, two coordinators were hired to support the TfH Responsible People for the Crimean peninsula. JSI recruited a summer intern, Kate Pennington, who helped prepare success stories, edit materials for the project website and an English translation of the project's BCC manual. Ms. Pennington covered the costs of her own internship. And Asta-Maria Kenney, Senior Advisor in JSI's Washington office and former TfH Chief of Party, visited Ukraine in October to prepare the project's Year 4 Annual Report and M&E Report.

Compliance with USAID Family Planning, Abortion and HIV Requirements

TfH continued to follow its procedures for compliance with the USAID FP, abortion and HIV requirements and for monitoring compliance. As with all oblasts entering the project, new project staff and counterparts in AR Crimea and Sevastopol City were oriented to the USAID requirements.

To monitor compliance with the FP, abortion and HIV requirements—as well as to review project activities overall—USAID and TfH conducted joint visits to Odessa, Volyn, Rivne and Cherkasy oblasts. TfH conducted additional monitoring on its own, visiting 179 health facilities in all partner oblasts, 120 clinical trainings, 149 BCC events and 14 pharmacy and EBM workshops in all oblasts. All of these visits indicated full compliance with USAID requirements. In fact, with the principles of voluntarism already embodied in Ukrainian law and policy and a clear Government policy to reduce reliance on abortion, the priority given by the project to these provisions serves to make health providers more aware of their own national policy.

Environmental Compliance

Project staff also followed guidelines for compliance with USAID's environmental provisions. Important information was communicated to health workers through clinical trainings and visits were conducted to verify health facilities' compliance with recommended guidelines for storage and disposal of condoms. A total of 184 health facilities in all 15 oblasts were monitored, particularly large facilities with significant numbers of TfH-trained providers. Four of these visits were conducted jointly by USAID and TfH concurrently with the joint monitoring visits mentioned under *Compliance with USAID Family Planning and Abortion Requirements*. No problems were identified.

V. Constraints

The political environment continued to complicate project implementation. The build-up to the elections in January, combined with a nationwide quarantine due to outbreaks of swine flu, slowed down project start-up in Crimea and, in the end, start-up overlapped with the first program activities. A number of clinical, pharmaceutical and policy workshops, as well as many interpersonal communication activities and public events around the country had to be postponed. Local meetings on SPRHN implementation for 2010 were also canceled or postponed indefinitely due to the Government's inability to approve a 2010 State budget until April and oblast budgets until May.

After the second round of the election in February, it became even more difficult to collaborate with the MOH, as key counterparts were replaced with new appointments who needed to get up to speed on MOH operations, national programs, FP/RH and international approaches to public health. At the oblast level, too, activities stagnated in spring, pending decisions about changes in OHD leadership and then following the appointment of new heads of OHDs in about half of project oblasts. Some TfH ORPs were removed from their positions and remain to be replaced. Moreover, many oblasts are postponing personnel decisions in anticipation of the October elections, leaving a vacuum of decision-making power.

For the second year, the sharp economic downturn affected the project, particularly in its efforts to mobilize funding for FP/RH from public and private sector partners, all of which have suffered substantial budget cuts. Even within the health sector, it has been difficult for the project to compete against compelling needs such as immunization, TB, HIV and oncology.

There has also been considerable turn-over at the project's PSPs, impeding progress in collaborating with them. Most notable was the departure of TfH's long-standing counterpart, the Business Unit Manager for Women's Health Products, from Bayer-Schering, which set back project collaboration with Ukraine's leader in the contraceptive market. Schering Plough (formerly Organon) was taken over by MSD and new relationships needed to be built there.

Annex 1

Together for Health M&E Results

Project Year 5

October 2009 – September 2010

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Highlights of Year 5 Results

Progress toward the Project Goal

- Ministry of Health (MOH) statistics show a 9.0% drop in the *abortion rate* for Ukraine, from 16.6 per 1,000 women of reproductive age (WRA) in 2008 to 15.1 in 2009; the abortion rate fell in 13 of the 15 TfH partner oblasts[*] (see Supplementary Table 1.)
- MOH data also show a decline in the *abortion ratio*, from 399.6 abortions per 1,000 live births in 2008 to 357.0 in 2009—a 10.7% drop (see Supplementary Table 1.) The abortion ratio fell in 14 of the 15 TfH oblasts.
- MOH service statistics on registered users of IUDs and hormonal methods indicate an increase of 1.8 percent in contraceptive use for Ukraine, from 308.4 per 1,000 WRA in 2008 to 313.8 in 2009 (see Supplementary Table 2.) Nine TfH oblasts saw increases in this measure.

Progress toward Result 1: Improved service provider skills and behaviors related to FP/RH

- The project trained a total of 3,840 people on FP/RH during the year, including 2,697 doctors and midlevel health providers (including 918 in the Crimean peninsula), 82 faculty members in postgraduate medical education institutions, 244 pharmacists, 89 Behavior Change Communication (BCC) educators/leaders and 73 trainers (58 clinical trainers and 15 pharmacy trainers) and others. 90% of them were women and 10% men. (see Supplementary Table 4.a and 4.b.)
- The percentage of health providers with positive attitudes toward the more effective contraceptive methods[†] rose from 59% in 2007 to 71% in 2009, according to provider surveys conducted in project-assisted health facilities in five oblasts. The baseline survey undertaken in AR Crimea and Sevastopol City in 2010 found that percentage stood at 60% in AR Crimea and 64% in Sevastopol City in 2009—figures very similar to other oblasts. (See Supplementary Tables 5.a and 5.b.)
- Health workers' pre- and post-test scores improved after participating in clinical training, as evidenced by an average pre-test score across all clinical trainings of 58.1% and an average post-test score of 91.3% (see Supplementary Table 8.)

Progress toward Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products

- Almost 9.9 million people in 15 partner oblasts were reached with FP/RH information and behavior change interventions during the year, including over 1.2 million in AR Crimea and about 230,000 in Sevastopol City. This includes 433,500 reached through interpersonal communications and special events, 589,200 with IEC materials and about 8.85 million through mass media. (See Supplementary Tables 9 – 14.d)
- The percentage of women (clients) with positive attitudes toward more effective contraceptive methods[‡] rose from 29% in 2007 to 37% in 2009, according to surveys of women leaving project-assisted health facilities in Dnipropetrovsk, Odessa, Poltava, Vinnytsya and Volyn oblasts. The baseline survey undertaken in AR Crimea and Sevastopol City found that percentage stood at 30% in both territories in 2009. (See Supplementary Tables 15.a and 15.b.)

Progress toward Result 3: Increased availability, accessibility and affordability of contraceptives

- The number of CYPs fell from 839,500 in 2009 to 667,600 (a drop of 20.5%), after increasing in recent years (see Supplementary Table 3.) Twelve of the project's 15 partner oblasts saw these declines. CYPs are calculated by the project from contraceptive sales data, government contraceptive procurements and USAID-donated condoms.

[*] For purposes of this report, the term "oblast" includes the Autonomous Republic of Crimea and the City of Sevastopol.
[†] COCs, POPs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.
[‡] COCs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.

- CYPs from condom sales and distribution (pharmacy sales, Government procurements and USAID-donations) are the project's measure of STI prevention. They fell from 322,100 in 2009 to 261,600 in 2010—a drop of 18.8%--after increasing in recent years (see Supplementary Table 3.) All TfH partner oblasts except Donetsk experienced declines.
- The cumulative number of new access points for FP/RH services—i.e. health facilities that did not previously provide these services—increased from 1,155 in Year 4 to 2,475 in Year 5, as a result of TfH's efforts to expand the provision of FP/RH services beyond ob-gyns. (See Indicator Matrix, Result 3.) This is in addition to improving services in health facilities where FP/RH was already being provided.

Progress toward Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health

- The central Government adopted five important policy documents related to TfH's work during the year. These include approval by the Ministry of Education and Science of the pharmaceutical manual for postgraduate education, developed with TfH assistance; MOH and MFYS policies related to implementation of FP Week; approval by NMAPE of an updated, expanded collection of CATs; and an MOH order for distribution of the USAID contraceptive donation. At the oblast level, an additional six *prikazes* of policy significance related to FP Week were adopted (see Supplementary Table 19;)
- TfH's public sector partners, including the MOH, OHDs, local health facilities, and others made counterpart contributions to FP/RH estimated at $641,000 (see Supplementary Table 20;)
- The project's PSPs (pharmaceutical manufacturers and distributors, SMD, private mass media, etc.) made counterpart contributions estimated at almost $161,700 (see Supplementary Table 20.)

Notes on Data in this Report

Time Periods

The time periods covered by the data in this report vary. The time period covered by each data source is as follows:

- **Ministry of Health (MOH) statistics**: Calendar years;
- **SMD contraceptive sales** data and **Couple-Years of Protection (CYPs)** based on that data: years running from August 1 to July 31 (e.g. 2010 = August 1, 2009 to July 31, 2010;)
- **TfH project activities**: Project Year 5 (i.e. October 1, 2009 – September 30, 2010.)
- **TfH surveys/assessments** (Client Exit Questionnaires (CEQ), Provider Knowledge, Attitudes and Practices Questionnaires (PKAP), facility assessments and pharmacy assessments): See Table A below for timing of the assessments in five oblasts; February 2010 in AR Crimea and Sevastopol City.

Ministry of Health Statistics

MOH abortion statistics are well-known to be underestimated because they do not take into account abortions performed by private providers or under ministries other than the MOH (ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences). In an effort to address this concern, the MOH began collecting data from all the sources mentioned above, starting for 2008. This increased the *total* number of reported abortions for 2009 by 7.1%, from 181,064 procedures in the MOH system to a total of 194,845. While the total numbers are closer to reality than in the past, they are still thought to be underestimates.

For purposes of comparability with past years, TfH has used abortion data for MOH health facilities only for project indicators. For completeness; however, total abortion data are also referenced.

MOH statistics on contraceptive use cover only registered users of IUDs and hormonals (mostly oral contraceptives) in certain public sector health facilities. Since large numbers of women using contraception do not go to these public facilities, and others are protected by methods other than hormonal contraceptives and IUDs, this figure is thought to significantly underestimate actual users. Moreover, the numbers reflect doctors' formal or informal prescriptions and, in most cases, not actual provision of a method.

Despite some problems, MOH statistics are useful for monitoring trends in contraceptive use, since they are available on an annual basis and by oblast. The data are for calendar years.

Simplified Methodology for TfH Assessments

In Project Year 5, TfH completed the analysis of the results of baseline and follow-up assessments in five partner oblasts (Dnipropetrovsk, Volyn, Odessa, Vinnytsya and Poltava.) Several of the tables in this document present data from the assessments in the five oblasts, so a simplified methodology is presented below. A more detailed methodology can be found in the project report, *Baseline and Endline Assessmant Report: Lviv, Kharkiv, Dniporpetrovsk, Odessa, Poltava, Volyn and Vinnytsya Oblasts* (September 2010) The timeframe for the assessments is shown in Table A below.

Table A: Timing of Data Collection for the Baseline and Endline Assessments in Five Oblasts

	Dnipro-petrovsk	Odessa	Poltava	Vinnytsya	Volyn
Baseline	July 2007	November 2007	May 2007	June 2007	April 2007
Endline	May 2009	September 2009	June 2009	July 2009	June 2009

The assessments included four instruments: Client Exit Questionnaires (CEQ), Provider Knowledge, Attitudes and Practices Questionnaires (PKAP), facility assessments and pharmacy assessments. Table B below shows the total number of respondents/facilities in the baseline/follow up assessments in five oblasts:

Table B: Sample Sizes for Project Baseline and Endline Assessments in Five Oblasts

	2007	2009
Providers interviewed (PKAP)	480	301
Clients interviewed (CEQ)	1647	1634
Health facilities assessed	108	110
Pharmacies assessed	327	247

The sampling frame for the assessments was based on the list of health facilities that have TfH-trained health providers. This list was produced from the database containing records of all TfH-trained health providers in all oblasts. It includes oblast hospitals, oblast maternities, oblast FP centers, oblast women's consultations, city hospitals, city maternities, city FP centers, city women's consultations, city polyclinics, central rayon hospitals, central rayon women's consultations. Smaller facilities such as feldsher-midwife points (FAPs), ambulatories and family doctors' offices were excluded because they have very few FP/RH clients. The facilities were stratified by location (urban/rural) and type of facility (inpatient/outpatient) and 22 facilities per oblast were randomly selected using Probability Proportion to Size methodology**.**

Data collection included assessment of the selected facilities using the facility assessment tool; then completion of the self-administered PKAP questionnaire by at least two providers; and finally the self-administered CEQ by at least 15 eligible FP/RH clients during a three-day period. Eligibility criteria for clients were: (a) reproductive age (15-49); (b) not planning or trying to get pregnant; (c) not having had a hysterectomy; and (d) not being seen for infertility problems. This was followed by an assessment of three pharmacies close to the selected facilities: one in the facility itself, the second less than 500 meters away, and the third less than 1,000 meters away.

TfH also conducted simplified baseline assessments in AR Crimea and Sevastopol City in February 2010, with endline surveys planned for March 2011. The facility and pharmacy assessments were not included in these surveys due to the short period for project interventions between the surveys and the limited time for data analysis before the end of the project. Other than that, the methodology used for these assessments was the same as for the five oblasts, except that the sampling frame was based on all health facilities that provide FP/RH services in the oblast (see list above), rather than only those with TfH-trained providers. Smaller facilities were excluded, as outlined above. The facilities were stratified by location (urban/rural) in AR Crimea and the type of facility (inpatient/outpatient), with 22 facilities randomly selected in AR Crimea and 10 in Sevastopol City using Probability Proportion to Size methodology. The sample sizes are shown in Table C.

Table C: Sample Sizes for Baseline Assessments in AR Crimea and Sevastopol City, 2010

	AR Crimea	Sevastopol
Providers interviewed (PKAP)	106	45
Clients interviewed (CEQ)	365	169

Contraceptive Sales Data and Couple-Years of Protection (CYPs)

Data about contraceptive sales in pharmacies are donated to the project by SMD, a market research company specializing in pharmaceutical sales data. When calculating CYPs, in addition to data on contraceptive sales, TfH includes data about contraceptives procured by the MOH and oblast partners and distribution of USAID-donated commodities. These data cover one-year periods running from August 1 to July 31. Thus:

2006 = August 1, 2005, to July 31, 2006
2007 = August 1, 2006, to July 31, 2007
2008 = August 1, 2007, to July 31, 2008
2009 = August 1, 2008, to July 31, 2009
2010 = August 1, 2009, to July 31, 2010

These data are used to calculate CYPs for the same time periods, using the following conversion factors:

Oral Contraceptives (OCs)	13
IUDs	3.5
Condoms	120
Spermicides	120
Injectable	4
Patch	13
NuvaRing	13
Emergency Contraception (EC)	20

Data for Prior Project Years

There are some small differences in the numbers reported here and in prior annual reports, due to late receipt of some reports for Year 4 and also to database cleaning.

Together for Health Indicator Matrix (October 2005 – September 2010)

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
USAID Strategic Objective 5: Improved Social Conditions and Health Status **USAID Intermediate Result 5.1: Changed behaviors and systems to improve health**						
Project Goal: Reduce the number of abortions and unintended pregnancies and incidence of sexually transmitted infections by improved provision of and access to quality RH/FP services through the public and private sectors.						
Baseline	**Project Year 1/FY 2006**	**Project Year 2/FY 2007**	**Project Year 3/FY 2008**	**Project Year 4/FY 2009**	**Project Year 5/FY 2010**	**Comments:**
Abortion rate (for Ukraine & TfH oblasts)			*Definition:* Number of induced abortions per 1,000 women aged 15-49 *Source:* MOH statistics			
Calendar Year 2005: **Ukraine - 19.5** Kharkiv - 14.2 Lviv - 13.5 Dnipropetrovsk - 22.6 Odessa - 26.4 Poltava - 21.5 Vinnytsya - 22.2 Volyn - 17.8 Cherkasy - 14.4 Donetsk - 22.2 Ivano-Frankivsk - 9.2 Khmelnytsky - 13.8 Rivne - 10.0 Zaporizhya - 21.5	*Calendar Year 2005:* **Ukraine - 19.5** Kharkiv - 14.2 Lviv - 13.5	*Calendar Year 2006:* **Ukraine - 18.6** Kharkiv - 12.8 Lviv - 13.3 Dnipropetrovsk - 21.3 Odessa - 25.4 Poltava - 20.0 Vinnytsya - 20.4 Volyn - 16.3	*Calendar Year 2007:* **Ukraine - 17.2** Kharkiv - 10.8 Lviv - 11.2 Dnipropetrovsk - 19.4 Odessa - 24.9 Poltava - 20.5 Vinnytsya - 18.4 Volyn - 15.5 Cherkasy - 12.5 Donetsk - 18.8 Ivano-Frankivsk - 8.4 Khmelnytsky - 13.9 Rivne - 10.2 Zaporizhya - 18.2	*Calendar Year 2008:* **Ukraine – 16.6** Kharkiv – 10.3 Lviv – 11.2 Dnipropetrovsk – 18.8 Odessa – 23.5 Poltava – 20.8 Vinnytsya – 19.2 Volyn – 15.4 Cherkasy – 11.2 Donetsk – 18.3 Ivano-Frankivsk – 7.8 Khmelnytsky – 13.2 Rivne – 10.2 Zaporizhya – 16.4 AR Crimea – 18.4 Sevastopol City – 21.8	*Calendar Year 2009:* **Ukraine – 15.1** Kharkiv – 9.2 Lviv – 10.7 Dnipropetrovsk – 17.5 Odessa – 17.1 Poltava – 28.4 Vinnytsya – 19.0 Volyn – 14.1 Cherkasy – 11.5 Donetsk – 17.6 Ivano-Frankivsk – 7.7 Khmelnytsky – 12.1 Rivne – 7.7 Zaporizhya – 14.6 AR Crimea – 17.5 Sevastopol City – 23.3	Data reported here are based on MOH facilities only
Abortion ratio (for Ukraine & TfH oblasts)			*Definition:* Number of induced abortions per 1,000 live births *Source:* MOH statistics			
Calendar Year 2005: **Ukraine - 587.2** Kharkiv - 513.2 Lviv - 354.9 Dnipropetrovsk - 723.2 Odessa - 712.1 Poltava - 737.1 Vinnytsya - 641.1 Volyn - 379.7 Cherkasy - 475.5 Donetsk - 766.0	*Calendar Year 2005:* **Ukraine - 587.2** Kharkiv - 513.2 Lviv - 354.9	*Calendar Year 2006:* **Ukraine - 503.0** Kharkiv - 419.2 Lviv - 329.8 Dnipropetrovsk - 595.1 Odessa - 637.8 Poltava - 572.1 Vinnytsya - 527.5 Volyn - 314.4	*Calendar Year 2007:* **Ukraine - 448.0** Kharkiv - 332.8 Lviv - 274.1 Dnipropetrovsk - 523.1 Odessa - 579.6 Poltava - 598.0 Vinnytsya - 461.9 Volyn - 293.9 Cherkasy - 357.6 Donetsk - 551.9	*Calendar Year 2008:* **Ukraine – 399.6** Kharkiv - 292.8 Lviv - 261.1 Dnipropetrovsk - 461.4 Odessa - 515.3 Poltava - 549.3 Vinnytsya - 450.3 Volyn - 266.4 Cherkasy – 303.9 Donetsk - 487.2	*Calendar Year 2009:* **Ukraine – 357.0** Kharkiv - 257.2 Lviv - 239.8 Dnipropetrovsk - 425.9 Odessa - 366.8 Poltava - 477.0 Vinnytsya - 435.5 Volyn - 240.8 Cherkasy – 302.3 Donetsk - 465.9	Data reported here are based on MOH facilities only

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
Abortion ratio (for Ukraine & TfH oblasts) (cont.)			*Definition:* Number of induced abortions per 1,000 live births *Source:* MOH statistics			
Calendar Year 2005: Ivano-Frankivsk - 226.0 Khmelnytsky - 407.1 Rivne - 226.7 Zaporizhya - 648.4	*Calendar Year 2005:*	*Calendar Year 2006:*	*Calendar Year 2007:* Ivano-Frankivsk - 186.7 Khmelnytsky - 344.8 Rivne - 197.3 Zaporizhya - 495.5	*Calendar Year 2008:* Ivano-Frankivsk - 166.8 Khmelnytsky - 305.1 Rivne - 181.8 Zaporizhya - 418.8 AR Crimea – 399.6 Sevastopol City – 521.4	*Calendar Year 2009:* Ivano-Frankivsk - 159.4 Khmelnytsky - 275.2 Rivne - 130.9 Zaporizhya - 375.3 AR Crimea – 379.1 Sevastopol City – 532.4	
Registered IUD and hormonal contraception rate (for Ukraine & TfH oblasts)			*Definition:* Number of women 15-49 registered as users of IUDs or hormonal contraceptives per 1,000 women 15-49 *Source:* MOH statistics			
Calendar Year 2005: **Ukraine - 289.5** Kharkiv - 310.5 Lviv - 272.4 Dnipropetrovsk - 251.4 Odessa - 330.6 Poltava - 297.7 Vinnytsya - 305.1 Volyn - 270.7 Cherkasy - 176.1 Donetsk - 341.6 Ivano-Frankivsk - 328.4 Khmelnytsky - 400.1 Rivne - 265.7 Zaporizhya - 387.1	*Calendar Year 2005:* **Ukraine - 289.5** Kharkiv - 310.5 Lviv - 272.4	*Calendar Year 2006:* **Ukraine - 297.2** Kharkiv - 328.0 Lviv - 282.7 Dnipropetrovsk - 268.5 Odessa - 335.2 Poltava - 295.3 Vinnytsya - 303.9 Volyn - 249.5	*Calendar Year 2007:* **Ukraine – 302.5** Kharkiv – 362.0 Lviv – 279.8 Dnipropetrovsk – 280.5 Odessa – 341.6 Poltava – 296.7 Vinnytsya – 301.7 Volyn – 229.0 Cherkasy – 182.2 Donetsk – 353.2 Ivano-Frankivsk – 387.1 Khmelnytsky – 390.9 Rivne – 253.9 Zaporizhya – 383.5	*Calendar Year 2008:* **Ukraine - 308.4** Kharkiv - 355.4 Lviv - 286.7 Dnipropetrovsk - 308.1 Odessa - 331.4 Poltava - 302.0 Vinnytsya - 284.8 Volyn - 234.3 Cherkasy - 196.2 Donetsk - 366.3 Ivano-Frankivsk – 369.1 Khmelnytsky - 400.3 Rivne - 248.6 Zaporizhya - 394.1	*Calendar Year 2009:* **Ukraine - 313.8** Kharkiv - 368.5 Lviv - 306.5 Dnipropetrovsk - 311.7 Odessa - 339.2 Poltava - 285.8 Vinnytsya - 289.2 Volyn - 225.9 Cherkasy - 224.3 Donetsk - 362.3 Ivano-Frankivsk – 399.2 Khmelnytsky - 367.8 Rivne - 227.5 Zaporizhya - 390.3 AR Crimea – 227.9 Sevastopol City - 220.1	
Couple-Years of Protection (CYPs) in USG-supported oblasts from condoms (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations			
August 2004 – July 2005 **Ukraine - 155,377** Kharkiv &Lviv – 22,445	*August 2005– July 2006* **Ukraine - 224,360** Kharkiv&Lviv – 38,317	*August 2006 – July 2007* **Ukraine - 263,568** Kharkiv&Lviv – 46,204	*August 2007– July 2008* **Ukraine - 305,384** 7 TfH Oblasts – 131,023	*August 2008– July 2009* **Ukraine – 322,078** 13 TfH Oblasts – 193,484	*August 2009– July 2010* **Ukraine – 261,584** 15 TfH Oblasts – 172,525	*See Notes on Data in this Report (page 41)*

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
Result 1: Improved service provider skills and behaviors related to FP/RH						
Number of people trained on FP/RH during the year with USG funds, disaggregated by type of participant			*Definition:* N/A *Source:* TfH training data **(Includes ALL clinical and pharmacy trainers, health providers, pharmacists, BCC educators, health care managers and opinion leaders)**			
0	**Total: 51** Kharkiv - 2 Lviv - 3 Dnipropetrovsk - 3 Odessa - 1 Vinnytsa - 1 Donetsk – 4 Zaporizhya – 1 Ivano-Frankisk - 1 Kyiv, other - 35	**Total: 2,974** Kharkiv - 1,267 Lviv - 1,005 Dnipropetrovsk - 126 Odessa - 0 Poltava - 201 Vinnytsa - 144 Volyn - 124 Kyiv, other - 107	**Total - 3,147** Kharkiv - 597 Lviv - 496 Dnipropetrovsk - 462 Odessa - 292 Poltava - 445 Vinnytsya - 452 Volyn - 397 Kyiv, other – 6	**Total – 2,520** Kharkiv – 187 Lviv – 143 Dnipropetrovsk – 102 Odessa – 88 Poltava – 158 Vinnytsya – 123 Volyn – 143 Cherkasy – 204 Donetsk – 194 Ivano-Frankivsk – 262 Khmelnytsky – 211 Rivne – 209 Zaporizhya – 271 Kyiv, other – 225	**Total – 3,840** Kharkiv – 135 Lviv – 149 Dnipropetrovsk – 107 Odessa – 100 Poltava – 106 Vinnytsya – 139 Volyn – 137 Cherkasy – 210 Donetsk – 285 Ivano-Frankivsk – 249 Khmelnytsky – 234 Rivne – 295 Zaporizhya – 286 AR Crimea – 1,227 Sevastopol City -152 Kyiv, other – 29	See Supplementary Table 4.c for data by gender.
Percent (%) of FP/RH providers with positive attitudes to more effective contraceptive methods			*Definition:* "Positive attitude" means that the provider rated the method as "good" or "very good;" modern contraceptive methods means condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, depo-provera, POPs. *Source:* TfH assessments (Provider Knowledge, Attitudes and Practices)			
N/A	N/A	N/A	*Baseline in Dnipro-petrovsk, Odessa, Poltava, Vinnytsya, Volyn:* **59%**	*Endline in Dnipro-petrovsk, Odessa, Poltava, Vinnytsya, Volyn:* **71%**	*Baseline in AR Crimea and Sevastopol City* **61%**	No data are available for Project Years 1 and 2, since the Provider Knowledge, Attitudes and Practices survey was only introduced toward the end of Year

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
Average pre- and post-test scores of trained health providers (by TfH oblast, %)			*Definition:* N/A *Source:* TfH training data			
N/A	N/A	**Total – 59/91** Kharkiv - 48/87 Lviv - 56/89 Dnipropetrovsk – 59/90 Poltava – 68/98 Vinnytsya – 73/93 Volyn – 68/99	**Total – 56/93** Kharkiv – 54/91 Lviv – 57/95 Dnipropetrovsk – 60/89 Poltava – 59/92 Vinnytsya – 49/98 Volyn – 53/95 Odessa – 59/91	**Total – 58/93** Kharkiv – 67/89 Lviv – 51/95 Dnipropetrovsk – 57/85 Odessa – 60/96 Poltava – 54/92 Vinnytsya – 48/98 Volyn – 51/95 Cherkasy – 64/96 Donetsk – 60/92 Ivano-Frankivsk – 53/83 Khmelnytsky – 57/96 Rivne – 53/97 Zaporizhya – 68/92	**Total – 58/91** Kharkiv – 61/90 Lviv – 60/91 Dnipropetrovsk – 63/92 Odessa – 55/93 Poltava – 56/94 Vinnytsya – 48/98 Volyn – 51/95 Cherkasy – 57/94 Donetsk – 57/95 Ivano-Frankivsk – 60/93 Khmelnytsky – 59/99 Rivne – 56/98 Zaporizhya – 65/89 AR Crimea – 57/85 Sevastopol City – 67/84	
Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products						
Number of people reached by BCC			*Definition:* Includes people reached through education sessions/interpersonal communications, special events, mass media and IEC materials during the year *Source:* Project documents			
N/A	**55**	**Total 7 TfH oblasts 2,024,397**	**Total 7 TfH oblasts 3,829,974**	**Total 13 TfH oblasts 8,416,213**	**Total 15 TfH oblasts 9,878,043**	
Percent (%) of RH clients with positive attitudes to more effective contraceptive methods			*Definition:* "Positive attitude" means that the provider rated the method as "good" or "very good;" modern contraceptive methods means condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, depo-provera, POPs. *Source:* TfH assessments (Client Exit Questionnaire)			
	Baseline in Kharkiv and Lviv: **29%**	*Endline in Kharkiv and Lviv:* **43%**	*Baseline in Dnipropetrovsk, Odessa, Poltava, Vinnytsya, Volyn* **29%**	*Endline in Dnipropetrovsk, Odessa, Poltava, Vinnytsya, Volyn* **37%**	*Baseline in AR Crimea and Sevastopol City* **30%**	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
Result 3: Increased availability, accessibility and affordability of contraceptives						
Couple-Years of Protection (CYPs) in USG-supported oblasts (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 41)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations			
August 2004 – July 2005 **Ukraine - 485,655** Kharkiv – 30,874 Lviv – 28,979	*August 2005– July 2006* **Ukraine - 643,836** Kharkiv – 57,731 Lviv – 35,263 *Baseline:* Dnipropetrovsk – 61,251 Odessa – 22,696 Poltava – 39,966 Vinnytsya – 13,392 Volyn – 12,648	*August 2006 – July 2007* **Ukraine - 716,013** Kharkiv – 52,507 Lviv – 37,475 Dnipropetrovsk – 67,030 Odessa – 33,568 Poltava – 44,455 Vinnytsya – 14,128 Volyn – 15,752 *Baseline:* Cherkasy – 22,894 Donetsk – 44,723 Ivano-Frankivsk – 19,45 Khmelnytsky – 16,299 Rivne – 16,502 Zaporizhya – 34,037	*August 2007– July 2008* **Ukraine – 796,889** Kharkiv – 56,205 Lviv – 43,075 Dnipropetrovsk – 85,929 Odessa – 36,518 Poltava – 44,697 Vinnytsya – 18,047 Volyn – 18,790 Cherkasy – 21,173 Donetsk – 43,011 Ivano-Frankivsk – 9,433 Khmelnytsky – 17,977 Rivne – 14,831 Zaporizhya – 29,914	*August 2008– July 2009* **Ukraine – 839,470** Kharkiv – 51,678 Lviv – 29,143 Dnipropetrovsk– 106,236 Odessa – 39,446 Poltava – 30,593 Vinnytsya – 20,296 Volyn – 19,628 Cherkasy – 18,642 Donetsk – 40,706 Ivano-Frankivsk – 13,878 Khmelnytsky – 22,678 Rivne – 14,244 Zaporizhya – 33,991 AR Crimea – 78,801 Sevastopol City – 14,937	*August 2009– July 2010* **Ukraine – 667,557** Kharkiv – 45,515 Lviv – 26,462 Dnipropetrovsk– 62,784 Odessa – 40,076 Poltava – 21,297 Vinnytsya – 19,006 Volyn – 12,041 Cherkasy – 13,595 Donetsk – 59,948 Ivano-Frankivsk – 9,371 Khmelnytsky – 12,238 Rivne – 16,286 Zaporizhya – 27,723 AR Crimea – 50,386 Sevastopol City – 10,193	
Couple-Years of Protection (CYPs) in USG-supported oblasts from condoms (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations			
August 2004 – July 2005 **Ukraine - 155,377** Kharkiv – 7,833 Lviv – 14,612	*August 2005– July 2006* **Ukraine - 224,360** Kharkiv – 20,036 Lviv – 18,281	*August 2006 – July 2007* **Ukraine - 263,568** Kharkiv – 25,791 Lviv – 20,413	*August 2007– July 2008* **Ukraine - 305,384** Kharkiv – 26,258 Lviv – 22,623	*August 2008– July 2009* **Ukraine – 322,078** Kharkiv – 22,982 Lviv – 14,859	*August 2009– July 2010* **Ukraine – 261,584** Kharkiv – 10,140 Lviv – 12,031	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
Couple-Years of Protection (CYPs) in USG-supported oblasts from condoms (for Ukraine & TfH oblasts) (cont.)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations			
	August 2005– July 2006 *Baseline:* Dnipropetrovsk – 24,095 Odessa – 10,756 Poltava – 12,709 Vinnytsya – 4,224 Volyn – 3,447	*August 2006 – July 2007* Dnipropetrovsk – 28,182 Odessa – 15,306 Poltava – 15,177 Vinnytsya – 4,605 Volyn – 5,204 *Baseline:* Cherkasy – 6,586 Donetsk – 16,547 Ivano-Frankivsk – 4,553 Khmelnytsky – 3,928 Rivne – 4,850 Zaporizhya – 14,211	*August 2007– July 2008* Dnipropetrovsk – 37,756 Odessa – 16,622 Poltava – 16,595 Vinnytsya – 5,216 Volyn – 5,953 Cherkasy – 5,982 Donetsk – 16,652 Ivano-Frankivsk – 4,440 Khmelnytsky – 6,504 Rivne – 5,877 Zaporizhya – 14,047	*August 2008– July 2009* Dnipropetrovsk – 37,259 Odessa – 16,634 Poltava – 15,005 Vinnytsya – 7,348 Volyn – 6,915 Cherkasy – 8,265 Donetsk – 16,910 Ivano-Frankivsk – 8,433 Khmelnytsky – 11,447 Rivne – 8,249 Zaporizhya – 19,178 AR Crimea – 33,488 Sevastopol City – 7,097	*August 2009– July 2010* Dnipropetrovsk – 25,324 Odessa – 16,365 Poltava – 9,064 Vinnytsya – 4,999 Volyn – 3,866 Cherkasy – 4,700 Donetsk – 22,495 Ivano-Frankivsk – 4,221 Khmelnytsky – 6,288 Rivne – 7,720 Zaporizhya – 14,220 AR Crimea – 19,699 Sevastopol City – 3,388	
Cumulative number of new access points for FP/RH services with at least one health provider trained by TfH (TfH oblasts)			*Definition:* These are cumulative numbers. *Source:* Project documents			
0	N/A	**Total - 343** Kharkiv - 139 Lviv - 159 Dnipropetrovsk - 7 Poltava - 19 Vinnytsa - 6 Volyn - 13	**Total – 743** Kharkiv - 196 Lviv – 211 Dnipropetrovsk – 53 Odessa – 20 Poltava – 87 Vinnytsya – 92 Volyn – 79	**Total - 1,155** Kharkiv – 211 Lviv – 234 Dnipropetrovsk – 84 Odessa – 50 Poltava – 122 Vinnytsya – 117 Volyn – 107 Cherkasy – 35 Donetsk – 17 Ivano-Frankivsk – 29 Khmelnytsky – 48 Rivne – 61 Zaporizhya – 40	**Total – 2,475** Kharkiv – 248 Lviv – 277 Dnipropetrovsk – 134 Odessa – 70 Poltava – 205 Vinnytsya –167 Volyn – 142 Cherkasy – 138 Donetsk – 121 Ivano-Frankivsk – 150 Khmelnytsky – 132 Rivne – 163 Zaporizhya – 122 AR Crimea – 382 Sevastopol City - 23	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Comments:
Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health						
Number of documents adopted by GOU (at national and local levels) that demonstrate commitment to FP/RH.			*Definition:* Includes legal/policy documents as well as FP/RH manuals/curricula/ guidelines/protocols developed/updated and approved by relevant government institution *Source:* Project documents			
0	**2**	**5**	**25**	**16**	**11**	
Estimated contribution of *public* sector partners (MOH, OHDs, local health facilities, etc.) to FP/RH in cash or in-kind			*Definition:* N/A *Source:* Project documents			
$0	**$9,934**	**$162,062**	**$560,521**	**$613,815**	**$641,000**	
Estimated contribution of *private* sector partners (pharmaceutical manufacturers and distributors, SMD, NGOs, mass media, etc.) to FP/RH in cash or in-kind			*Definition:* N/A *Source:* Project documents			
$0	**$29,398**	**$250,551**	**$428,609**	**$223,487**	**$161,700**	

Supplementary Tables

Table 1: Abortion Rate and Ratio, Ukraine and TfH Oblasts, 2005 – 2009

	Abortion Rate					Abortion Ratio				
	2005	**2006**	**2007**	**2008**	**2009**	**2005**	**2006**	**2007**	**2008**	**2009**
Ukraine	**19.5**	**18.6**	**17.2**	**16.6**	**15.1**	**586.7**	**503.0**	**448.0**	**399.6**	**357.0**
AR Crimea	23.0	21.2	19.7	18.4	17.5	690.3	556.7	475.2	404.8	379.1
Cherkasy	14.4	12.9	12.5	11.2	11.5	322.5	382.0	357.6	303.9	302.3
Dnipropetrovsk	22.6	21.3	19.4	18.8	17.5	723.2	595.1	523.1	461.4	425.9
Donetsk	22.0	19.8	18.8	18.3	17.6	766.0	608.3	551.9	487.2	465.9
Ivano-Frankivsk	9.2	8.5	8.4	7.8	7.7	227.1	195.2	186.7	166.8	159.4
Kharkiv	14.2	12.8	10.8	10.3	9.2	513.2	419.2	332.8	292.8	257.2
Khmelnytsky	13.8	14.3	13.9	13.2	12.1	291.0	360.9	344.8	305.1	275.2
Lviv	13.5	13.3	11.2	11.2	10.7	354.9	329.8	274.1	261.1	239.8
Odessa	26.4	25.4	24.9	23.5	17.1	714.5	637.8	579.6	515.3	366.8
Poltava	21.5	20.0	20.5	20.8	18.4	739.0	572.1	598.0	549.3	477.0
Rivne	10.1	11.5	10.2	10.2	7.7	227.3	222.1	197.3	181.8	130.9
Sevastopol City	22.9	20.9	19.6	21.8	23.3	645.4	550.8	487.9	521.4	532.4
Vinnytsya	22.2	20.4	18.4	19.2	19.0	641.1	527.5	461.9	450.3	435.5
Volyn	17.8	16.3	15.5	15.4	14.1	379.7	314.4	293.9	266.4	240.8
Zaporizhya	21.5	21.9	18.2	16.4	14.6	699.9	624.7	495.5	418.8	375.3

Source: MOH of Ukraine

N.B. In 2008, the MOH began collecting statistics on abortions from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences and the private sector. For purposes of comparison with past years, TfH has included abortion and live births data *for the MOH system only* in the above table.

However, the project also calculates the 2009 abortion rate and ratio as follows:

- When the reported 13,781 abortions performed outside the MOH system are added to the 181,064 procedures within the MOH system, there were a total of 194,845 abortions reported nationwide, and a total abortion rate of 16.3/1,000 women aged 15-49. These data are publishe by MOH and not available by oblast.
- The MOH does not provide an abortion ratio for the total number of abortion, but based on the 194,845 total reported abortions (including MOH, non-MOH, and private sector facilities) and the 512,526 live births reported by the State Statistics Committee for 2009 (including MOH, non-MOH facilities, and private sector facilities), TfH calculates an abortion ratio of 380.2/1,000 live births for the country.

Table 2: Registered IUD and Hormonal Contraception Use Rate (per 1,000 WRA), Ukraine and TfH Oblasts, 2005 – 2009

	Hormonal methods					IUDs					TOTAL				
	2005	**2006**	**2007**	**2008**	**2009**	**2005**	**2006**	**2007**	**2008**	**2009**	**2005**	**2006**	**2007**	**2008**	**2009**
Ukraine	**148.6**	**158.8**	**166.3**	**174.3**	**181.9**	**140.9**	**138.4**	**136.2**	**134.1**	**131.9**	**289.5**	**297.2**	**302.5**	**308.4**	**313.8**
AR Crimea	122.1	118.9	122.3	134.5	144.0	98.8	94.2	88.7	84.6	83.9	220.9	213.1	211.0	219.1	227.9
Cherkasy	79.1	79.3	88.6	107.8	139.9	97.0	95.5	93.6	88.4	84.4	176.1	174.8	182.2	196.2	224.3
Dnipropetrovsk	104.8	117.0	126.2	147.0	157.1	144.7	151.5	154.3	161.2	154.6	249.4	268.6	280.5	308.1	311.7
Donetsk	186.2	207.4	209.6	226.6	224.2	155.4	146.8	143.6	139.7	138.2	341.6	354.2	353.2	366.3	362.3
Ivano-Frankivsk	148.0	174.4	187.0	175.1	201.4	180.4	189.4	200.1	194.0	197.7	328.4	363.8	387.1	369.1	399.2
Kharkiv	166.3	181.3	205.6	202.7	216.5	144.2	146.6	156.4	152.7	152.0	310.5	328.0	362.0	355.4	368.5
Khmelnytsky	203.0	199.2	212.5	211.6	201.1	197.9	194.0	178.4	188.8	166.7	400.9	393.2	390.9	400.3	367.8
Lviv	190.6	199.3	196.1	198.7	213.8	81.8	83.4	83.7	88.1	92.7	272.4	282.7	279.8	286.7	306.5
Odessa	148.4	156.3	168.5	171.0	184.4	182.2	178.9	173.1	160.4	154.8	330.6	335.2	341.6	331.4	339.2
Poltava	125.5	128.1	132.9	136.7	130.5	172.2	167.3	163.8	165.3	155.3	297.7	295.3	296.7	302.0	285.8
Rivne	126.7	135.7	131.9	133.0	125.7	139.1	133.6	122.0	115.6	101.7	265.7	269.3	253.9	248.6	227.5
Sevastopol City	84.5	89.9	109.2	116.4	128.2	81.4	81.8	85.8	89.3	91.9	165.9	171.7	195.0	205.7	220.1
Vinnytsya	153.4	161.0	164.4	158.0	165.7	151.7	142.9	137.3	126.9	123.5	305.1	303.9	301.7	284.8	289.2
Volyn	116.0	119.2	121.7	130.3	134.2	154.7	130.3	107.3	104.1	91.7	270.7	249.4	229.0	234.3	225.9
Zaporizhya	213.5	209.7	210.3	218.9	217.3	173.7	174.2	173.2	175.2	173.0	387.1	383.9	383.5	394.1	390.3

Source: MOH of Ukraine

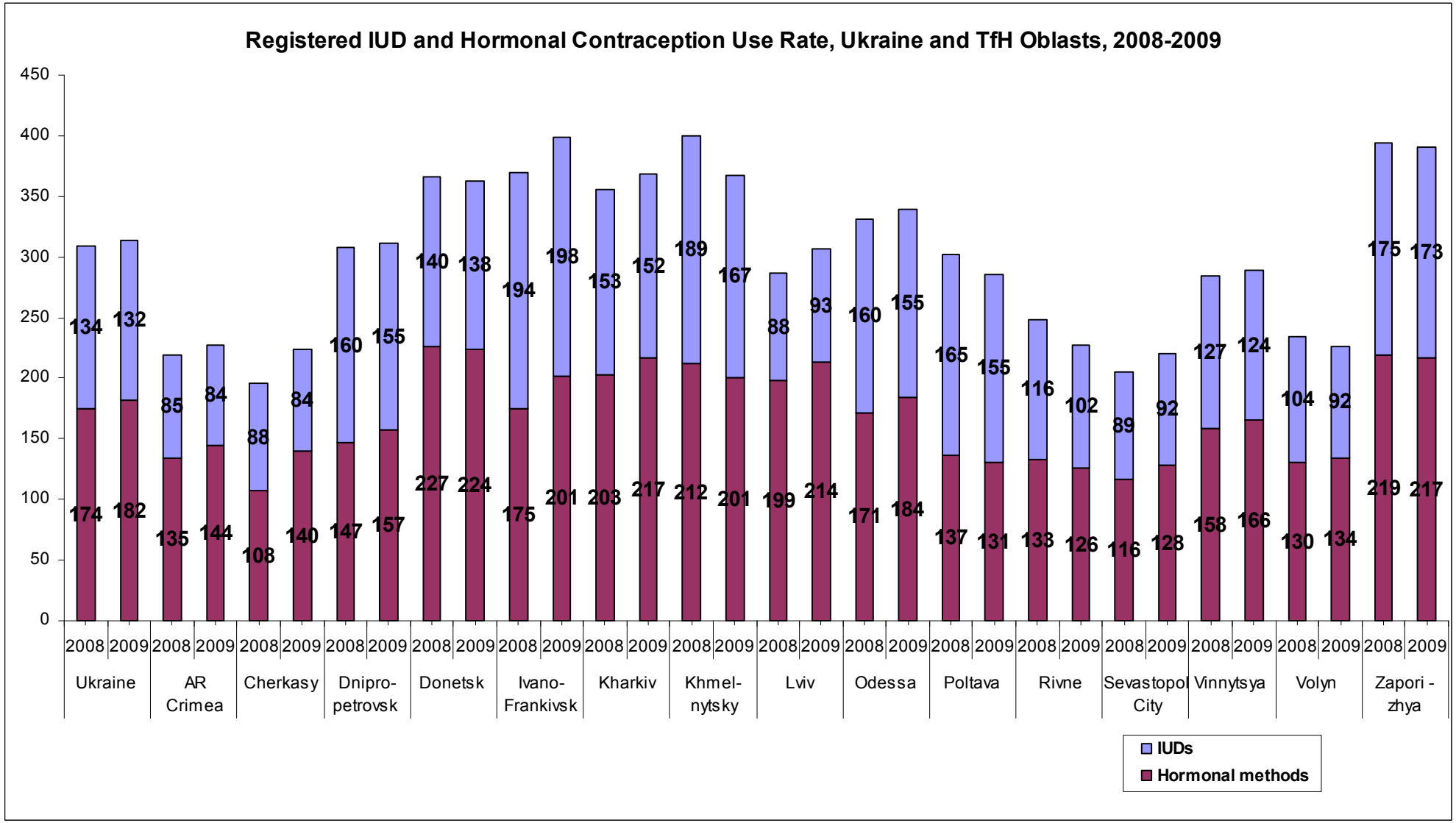
Registered IUD and Hormonal Contraception Use Rate, Ukraine and TfH Oblasts, 2008-2009
450
400
350
300
250
200
150
100
50
0
2008 2009
Ukraine
AR Crimea
Cherkasy
Dnipro-petrovsk
Donetsk
Ivano-Frankivsk
Kharkiv
Khmel-nytsky
Lviv
Odessa
Poltava
Rivne
Sevastopol City
Vinnytsya
Volyn
Zapori - zhya
134 132 85 84 88 84 160 155 140 138 194 198 153 152 189 167 88 93 160 155 165 155 116 102 89 92 127 124 104 92 175 173
174 182 135 144 108 140 147 157 227 224 175 201 203 217 212 201 199 214 171 184 137 131 133 126 116 128 158 166 130 134 219 217
IUDs
Hormonal methods

Table 3: Couple-Years of Protection (CYPs), Ukraine & TfH Oblasts, by Method, 2005 - 2009

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs
Ukraine						
COCs	140,359	179,832	190,346	206,038	216,279	196,577
POP (Exluton)	620	430	438	617	742	665
IUDs	108,626	132,598	146,969	172,022	195,776	117,891
Condoms	155,377	224,360	263,568	305,384	322,078	261,584
Spermicides	54,743	71,884	75,805	72,502	68,045	60,516
Injectable	2,728	3,560	3,264	4,635	3,842	4,399
Patch	24	434	797	1,923	1,989	1,398
NuvaRing	0	535	1,573	2,473	2,904	2,402
EC (Postinor)	23,178	30,202	33,253	31,296	27,816	22,126
Total CYPs	**485,655**	**643,836**	**716,013**	**796,889**	**839,470**	**667,557**
Kharkiv						
COCs	7,818	9,771	9,230	10,640	11,251	11,377
POP (Exluton)	28	26	19	24	139	85
IUDs	9,198	19,145	9,034	11,634	10,448	10,140
Condoms	7,833	20,036	25,791	26,258	22,982	18,146
Spermicides	4,030	6,139	5,890	4,791	4,550	3,926
Injectable	279	166	44	89	52	149
Patch	5	62	74	543	314	132
NuvaRing	0	15	27	57	77	104
EC (Postinor)	1,683	2,371	2,399	2,169	1,865	1,457
Total CYPs	**30,874**	**57,731**	**52,507**	**56,205**	**51,678**	**45,515**
Lviv						
COCs	5,301	6,177	6,670	5,821	5,238	4,805
POP (Exluton)	18	3	12	16	5	3
IUDs	5,072	6,146	5,530	10,546	5,817	6,825
Condoms	14,612	18,281	20,413	22,623	14,859	12,031
Spermicides	2,482	2,875	2,777	2,202	1,783	1,636
Injectable	102	158	147	211	122	153
Patch	1	15	8	24	33	25
NuvaRing	0	19	104	49	65	54
EC (Postinor)	1,392	1,588	1,814	1,583	1,220	930
Total CYPs	**28,979**	**35,263**	**37,475**	**43,075**	**29,143**	**26,462**
Dnipropetrovsk						
COCs	6,513	17,210	17,952	19,402	21,741	17,382
POP (Exluton)	12	23	31	57	108	86
IUDs	9,989	9,170	8,810	17,042	17,819	12,026
Condoms	13,144	24,095	28,182	37,756	37,259	25,324
Spermicides	2,974	7,379	7,813	7,407	25,467	5,315
Injectable	96	301	301	373	414	272
Patch	2	139	194	294	356	275
NuvaRing	0	84	271	372	421	336
EC (Postinor)	976	2,850	3,477	3,227	2,651	1,769
Total CYPs	**33,706**	**61,251**	**67,030**	**85,929**	**106,236**	**62,784**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs
Odessa						
COCs	4,511	5,054	7,776	11,332	13,820	12,394
POP (Exluton)	13	9	12	38	37	47
IUDs	2,121	2,898	5,992	2,926	1,649	4,176
Condoms	13,882	10,756	15,306	16,622	16,634	16,365
Spermicides	2,461	2,754	2,830	3,349	4,542	4,837
Injectable	69	150	114	89	92	120
Patch	2	26	76	170	288	325
NuvaRing	0	33	105	179	251	299
EC (Postinor)	1,092	1,015	1,357	1,813	2,134	1,513
Total CYPs	**24,152**	**22,696**	**33,568**	**36,518**	**39,446**	**40,076**
Poltava						
COCs	5,768	9,718	10,955	8,866	6,913	6,991
POP (Exluton)	4	18	12	16	11	10
IUDs	8,271	11,855	11,743	14,791	5,562	2,443
Condoms	8,294	12,709	15,177	16,595	15,005	9,064
Spermicides	2,324	4,167	4,933	3,280	2,318	2,175
Injectable	28	341	165	143	33	35
Patch	0	0	9	53	99	24
NuvaRing	0	0	4	4	11	25
EC (Postinor)	695	1,157	1,459	949	643	530
Total CYPs	**25,383**	**39,966**	**44,455**	**44,697**	**30,593**	**21,297**
Vinnytsya						
COCs	3,503	4,737	4,647	5,595	5,484	4,869
POP (Exluton)	18	9	10	20	5	10
IUDs	2,695	1,600	1,964	3,843	4,568	6,797
Condoms	3,683	4,224	4,605	5,216	7,348	4,999
Spermicides	1,723	2,159	2,182	2,404	2,167	1,713
Injectable	24	49	13	180	93	120
Patch	0	0	5	59	75	28
NuvaRing	0	3	12	52	96	65
EC (Postinor)	473	610	690	679	461	405
Total CYPs	**12,118**	**13,392**	**14,128**	**18,047**	**20,296**	**19 006**
Volyn						
COCs	3,355	4,484	4,583	4,674	3,677	4,469
POP (Exluton)	7	15	9	20	14	11
IUDs	2,790	2,202	3,206	5,481	7,350	1,880
Condoms	3,314	3,447	5,204	5,953	6,915	3,866
Spermicides	1,248	1,544	1,675	1,538	1,018	1,010
Injectable	69	152	107	147	87	214
Patch	0	0	0	0	0	1
NuvaRing	0	0	0	0	0	0
EC (Postinor)	782	805	968	977	568	591
Total CYPs	**11,566**	**12,648**	**15,752**	**18,790**	**19,628**	**12,041**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs
Cherkasy						
COCs	3,716	5,690	6,781	5,969	4,908	4,784
POP (Exluton)	11	6	3	1	5	4
IUDs	2,727	3,042	5,079	5,173	2,366	1,141
Condoms	4,282	5,385	6,586	5,982	8,265	4,700
Spermicides	1,805	2,833	3,312	3,030	2,312	2,248
Injectable	40	33	31	28	26	72
Patch	0	0	0	13	14	8
NuvaRing	0	0	16	21	27	17
EC (Postinor)	643	1,029	1,085	955	718	619
Total CYPs	**13,223**	**18,018**	**22,894**	**21,173**	**18,642**	**13,595**
Donetsk						
COCs	15,036	18,221	15,603	13,927	13,897	21,953
POP (Exluton)	67	52	42	89	61	92
IUDs	3,203	6,192	5,950	6,370	4,494	7,025
Condoms	10,635	16,591	16,547	16,652	16,910	22,495
Spermicides	4,704	5,212	4,532	4,064	3,531	5,579
Injectable	206	203	85	118	194	544
Patch	9	37	62	83	78	83
NuvaRing	0	14	4	79	100	174
EC (Postinor)	1,836	2,016	1,898	1,627	1,442	2,004
Total CYPs	**35,696**	**48,538**	**44,723**	**43,011**	**40,706**	**59,948**
Ivano-Frankivsk						
COCs	3,518	4,401	3,349	2,181	2,058	2,497
POP (Exluton)	14	0	1	2	0	5
IUDs	8,358	5,397	9,741	1,442	2,037	1,064
Condoms	7,300	6,796	4,553	4,440	8,433	4,221
Spermicides	1,328	1,557	1,051	764	730	835
Injectable	121	34	72	136	128	271
Patch	0	1	4	9	6	4
NuvaRing	0	1	1	2	2	18
EC (Postinor)	792	912	684	457	483	455
Total CYPs	**21,431**	**19,099**	**19,454**	**9,433**	**13,878**	**9,371**
Khmelnytsky						
COCs	4,638	3,761	4,084	3,686	3,735	2,790
POP (Exluton)	0	0	0	2	0	1
IUDs	1,456	956	6,531	6,052	5,856	2,020
Condoms	2,105	2,009	3,928	6,504	11,447	6,288
Spermicides	997	910	1,185	1,112	1,091	754
Injectable	83	28	17	28	26	34
Patch	0	0	1	3	3	1
NuvaRing	0	0	0	4	7	9
EC (Postinor)	456	376	553	587	514	342
Total CYPs	**9,733**	**8,039**	**16,299**	**17,977**	**22,678**	**12,238**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs
Rivne						
COCs	2,958	2,733	2,726	2,999	2,762	3,352
POP (Exluton)	4	0	0	0	0	1
IUDs	2,842	4,309	6,545	3,080	1,460	2,653
Condoms	2,385	4,341	4,850	5,877	8,249	7,720
Spermicides	1,409	1,443	1,591	1,927	1,236	1,698
Injectable	40	22	17	47	20	284
Patch	0	0	0	0	0	0
NuvaRing	0	0	0	0	0	5
EC (Postinor)	556	729	773	901	517	574
Total CYPs	**10,195**	**13,577**	**16,502**	**14,831**	**14,244**	**16,286**
Zaporizhya						
COCs	5,678	6,726	11,207	8,525	8,446	7,911
POP (Exluton)	15	0	6	24	28	26
IUDs	2,160	3,031	3,024	2,608	2,013	1,747
Condoms	3,495	9,619	14,211	14,047	19,178	14,220
Spermicides	1,928	2,470	3,635	3,178	2,805	2,614
Injectable	287	385	198	131	61	34
Patch	0	11	36	41	100	62
NuvaRing	0	38	122	132	121	102
EC (Postinor)	660	918	1,598	1,230	1,239	1,008
Total CYPs	**14,222**	**23,197**	**34,037**	**29,914**	**33,991**	**27,723**
AR Crimea						
COCs					23,122	15,342
POP (Exluton)					153	155
IUDs					8,894	7,767
Condoms					33,488	19,699
Spermicides					8,092	4,856
Injectable					895	213
Patch					147	74
NuvaRing					1,003	417
EC (Postinor)					3,007	1,864
Total CYPs					**78,801**	**50,386**
Sevastopol						
COCs					3,665	3,622
POP (Exluton)					35	50
IUDs					1,757	1,491
Condoms					7,097	3,388
Spermicides					1,500	971
Injectable					41	72
Patch					39	20
NuvaRing					262	172
EC (Postinor)					542	408
Total CYPs					**14,937**	**10,193**

Table 4.a: Number of People Trained on FP/RH in Project Year 5 with USG Funds, TfH Oblasts and Total, by Type of Training

Oblasts	TOTAL	Trainings of Trainers			Trainings/Seminars							
		Total (TOT)	Clinical	Pharmacy	Total (Trainings/ Seminars)	Clinical	BCC Educators /Leaders	Pharm.	EBM r-tables	Policy/ Mngt.*	Post-graduate	Other**
AR Crimea	**1,227**	73	58	15	**1,154**	816	23	227	62	23	3	0
Cherkasy	**210**	0	0	0	**210**	210	0	0	0	0	0	0
Dnipropetrovsk	**107**	0	0	0	**107**	70	0	0	18	15	4	0
Donetsk	**285**	0	0	0	**285**	226	25	0	24	0	10	0
Ivano-Frankivsk	**249**	0	0	0	**249**	225	0	0	0	20	4	0
Kharkiv	**135**	0	0	0	**135**	68	0	0	23	30	14	0
Khmelnytsky	**234**	0	0	0	**234**	210	0	0	24	0	0	0
Kyiv[#]	**29**	0	0	0	**29**	0	0	0	0	0	9	20
Lviv	**149**	0	0	0	**149**	68	0	0	0	72	9	0
Odessa	**100**	0	0	0	**100**	61	20	0	0	0	3	16
Poltava	**106**	0	0	0	**106**	70	0	0	0	34	2	0
Rivne	**295**	0	0	0	**295**	203	21	0	31	40	0	0
Sevastopol City	**152**	0	0	0	**152**	102	0	17	33	0	0	0
Vinnytsya	**139**	0	0	0	**139**	66	0	0	23	30	20	0
Volyn	**137**	0	0	0	**137**	71	0	0	27	39	0	0
Zaporizhya	**286**	0	0	0	**286**	231	0	0	24	27	4	0
TOTAL	**3,840**	**73**	**58**	**15**	**3,767**	**2,697**	**89**	**244**	**289**	**330**	**82**	**36**

* *Policy/Management includes OCC meetings, advocacy round-tables and management training (conducted only for AR Crimea)*

** *Other trainings include: project planning meeting and working meeting with oblast technical coordinators*

[#] *The events in Kyiv were for participants from, or working in, Kyiv and other oblasts*

Table 4.b: Gender Breakdown of People Trained on FP/RH in Project Year 5 with USG Funds, by Oblast, Project Year 5

Oblasts	Total		Trainings of Trainers		Trainings/Seminars*	
	Male	Female	Male	Female	Male	Female
AR Crimea	80	1,059	14	59	66	994
Cherkasy	35	175	0	0	35	175
Dnipropetrovsk	4	66	0	0	4	66
Donetsk	14	237	0	0	14	237
Ivano-Frankivsk	42	183	0	0	42	183
Kharkiv	4	64	0	0	4	64
Khmelnytsky	21	189	0	0	21	189
Kyiv/National	0	0	0	0	0	0
Lviv	6	61	0	0	6	61
Odessa	11	70	0	0	11	70
Poltava	14	56	0	0	14	56
Rivne	20	204	0	0	20	204
Sevastopol City	7	111	0	0	7	117
Vinnytsya	13	53	0	0	13	53
Volyn	9	62	0	0	9	62
Zaporizhya	36	195	0	0	36	195
TOTAL (Number & %)	**316 (10.2%)**	**2,785 (89.8%)**	**14 (19.2%)**	**59 (80.8%)**	**302 (10.0%)**	**2,726 (90.0%)**

** Doesn't include EBM round table,s policy trainings/events, clinical trainings for postgraduate faculty, and other training events*

***Note:** Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 5.a: Percent (%) of Health Providers Surveyed in Five TfH Partner Oblasts with Positive Attitudes to More Effective Contraceptive Methods, 2007 and 2009

Methods of contraception	2007	2009
	N = 480	N = 301
Combined oral contraception	93.4	96.4
Condoms (male)	71.7	89.0
IUDs	83.0	86.1
Patch	72.9	79.4
Lactation Amenorrhea Method (LAM)	49.3	78.7
Progestin only pills	65.8	79.4
Vaginal ring	64.5	70.8
Female sterilization	50.4	57.5
Male sterilization	47.4	52.8
Injectables	33.2	51.8
Emergency contraception	25.2	38.5
All more effective methods	**59.7%**	**70.9%**

Notes:

- *Five oblasts are: Poltava, Vinnytsya, Odessa, Volyn and Dnipropetrovsk*
- *"Positive attitudes" means that the provider rated a method as 'good' or 'very good,' taking into consideration safety, side effects, effectiness and price.*
- *More effective methods mean condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, injectable, POPs.*

Table 5.b: Percent (%) of Health Providers Surveyed in AR Crimea and Sevastopol City with Positive Attitudes to More Effective Contraceptive Methods, 2010

Methods of contraception	Baseline		
	AR Crimea	Sevastopol City	Overall
	N =106	N = 45	N = 151
Combined oral contraception	99.1	100.0	99.3
Condoms (male)	81.1	93.3	84.8
IUDs	77.4	77.8	77.5
Patch	54.7	73.3	60.3
Lactation Amenorrhea Method (LAM)	52.8	60.0	55.0
Progestin only pills	63.2	71.1	65.6
Vaginal ring	73.6	100.0	81.5
Female sterilization	48.1	62.2	52.3
Male sterilization	48.1	46.7	47.7
Injectables	32.1	15.6	27.2
Emergency contraception	27.4	4.4	20.5
All more effective methods	**59.8%**	**64.0%**	**61.1%**

Note:

- *"Positive attitudes" means that the provider rated a method as 'good' or 'very good,' taking into consideration safety, side effects, effectiness and price.*
- *More effective methods mean condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, injectable, POPs.*

Table 6.a: Number of Clinical Trainers Trained in FP/RH, by Oblast and Total, Project Years 2 – 5 and to Date

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	54	54
Cherkasy	0	0	7	0	7
Dnipropetrovsk	12	0	0	0	12
Donetsk	0	0	15	0	15
Ivano-Frankivsk	0	0	13	0	13
Kharkiv	38	0	0	0	38
Khmelnytsky	0	0	12	0	12
Lviv	38	0	0	0	38
Odessa	0	15	0	0	15
Poltava	16	0	0	0	16
Rivne	0	0	11	0	11
Sevastopol City	0	0	0	4	4
Vinnytsya	32	0	0	0	32
Volyn	11	0	0	0	11
Zaporizhya	0	0	14	0	14
Total	**147**	**15**	**72**	**58**	**292**

Table 6.b: Gender Breakdown of Clinical Trainers Trained in FP/RH, by Oblast, Project Year 5 and to Date

Oblasts	Year 5		To Date	
	Male	Female	Male	Female
AR Crimea	12	42	12	42
Cherkasy	0	0	1	6
Dnipropetrovsk	0	0	1	11
Donetsk	0	0	3	12
Ivano-Frankivsk	0	0	2	11
Kharkiv	0	0	8	30
Khmelnytsky	0	0	2	10
Lviv	0	0	6	32
Odessa	0	0	0	15
Poltava	0	0	2	14
Rivne	0	0	1	10
Sevastopol City	0	4	0	4
Vinnytsya	0	0	5	27
Volyn	0	0	0	11
Zaporizhya	0	0	2	12
Total	**12 (20.6%)**	**46 (79.3%)**	**45 (15.4%)**	**247 (84.6%)**

Table 7.a: Number of Health Providers Trained in FP/RH, by Oblast, Project Years 2-5 and to Date

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	816	816
Cherkasy	0	0	161	210	371
Dnipropetrovsk	35	220	62	70	387
Donetsk	0	0	141	226	367
Ivano-Frankivsk	0	0	145	225	370
Kharkiv	744	281	40	68	1,133
Khmelnytsky	0	0	158	210	368
Lviv	716	279	41	68	1,104
Odessa	0	162	78	61	301
Poltava	62	235	67	70	434
Rivne	0	0	147	203	350
Sevastopol City	0	0	0	102	102
Vinnytsya	21	220	82	66	389
Volyn	58	229	73	71	431
Zaporizhya	0	0	163	231	394
Total	**1,636**	**1,626**	**1,358**	**2,697**	**7,317**

Table 7.b: Gender Breakdown of Health Providers Trained in FP/RH, by Oblast, Project Year 5 and to Date

Oblasts	Year 5		To Date	
	Male	Female	Male	Female
AR Crimea	55	761	55	761
Cherkasy	35	175	55	334
Dnipropetrovsk	4	66	40	321
Donetsk	14	212	20	347
Ivano-Frankivsk	42	183	63	307
Kharkiv	4	64	96	948
Khmelnytsky	21	189	44	324
Kyiv	0	0	0	15
Lviv	6	61	132	874
Odessa	7	54	20	260
Poltava	14	56	51	335
Rivne	16	187	28	322
Sevastopol City	5	96	5	96
Vinnytsya	13	53	45	307
Volyn	9	62	41	348
Zaporizhya	36	195	54	340
Total	**281**	**2414**	**749**	**6,239**

Note: *Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 7.c: Number of Health Providers Trained in FP/RH, by Oblast and Type of Provider, Project Year 5 and to Date

Oblasts	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato – venereologists	Other	Total
Year 5									
AR Crimea	193	84	207	79	173	42	1	37	816
Cherkasy	50	33	93	7	21	1	0	5	210
Dnipropetrovsk	40	6	18	4	1	1	0	0	70
Donetsk	78	18	62	5	48	7	1	7	226
Ivano-Frankivsk	91	46	54	6	7	4	2	15	225
Kharkiv	27	7	14	6	13	0	0	1	68
Khmelnytsky	59	21	61	25	28	0	1	15	210
Lviv	32	15	15	1	1	2	0	2	68
Odessa	23	3	16	5	14	0	0	0	61
Poltava	26	11	17	11	0	0	0	5	70
Rivne	44	16	53	38	31	5	1	15	203
Sevastopol City	45	0	30	1	23	0	0	3	102
Vinnytsya	31	11	10	2	11	1	0	0	66
Volyn	21	8	14	5	14	3	0	6	71
Zaporizhya	101	28	59	5	25	1	0	12	231
Total Year 5	**861**	**307**	**723**	**200**	**410**	**67**	**6**	**123**	**2,697**
To Date									
AR Crimea	193	84	207	79	173	42	1	37	816
Cherkasy	129	33	154	7	31	1	1	9	365
Dnipropetrovsk	193	32	120	9	16	4	2	11	387
Donetsk	126	27	103	6	70	7	1	27	367
Ivano-Frankivsk	126	67	74	15	13	5	5	19	324
Kharkiv	246	171	190	115	335	49	1	26	1,133
Khmelnytsky	113	48	105	38	47	0	1	16	368
Kyiv	19	1	2	2	0	0	2	0	26
Lviv	417	136	271	94	107	22	19	38	1,104
Odessa	142	19	104	11	21	0	0	4	301
Poltava	168	77	94	27	37	1	1	29	434
Rivne	85	28	103	48	49	5	3	29	350
Sevastopol City	45	0	30	1	23	0	0	3	102

Oblasts	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato – venereologists	Other	Total
Vinnytsya	117	71	110	12	67	6	0	6	389
Volyn	129	50	121	46	52	7	2	24	431
Zaporizhya	184	51	105	5	29	2	0	45	421
Total to Date	**2,432**	**895**	**1,893**	**515**	**1,070**	**151**	**39**	**323**	**7,318**

Note: *The totals in this table may not add to the same number as the total number of people trained because of incomplete reporting, e,g, participants not providing their specialty*

Distribution of Trained Health Providers, by Type of Providers, 15 TfH oblasts, Year 5 (N= 2,697 trained), %

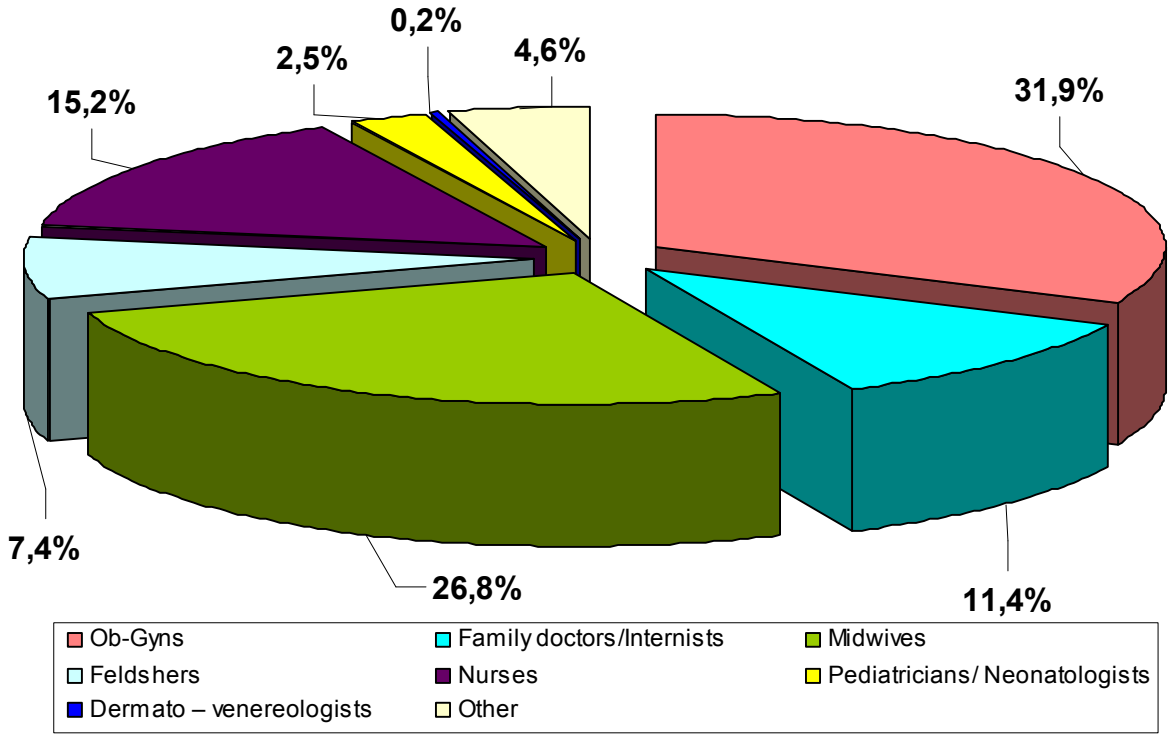

Table 8: Average Pre- and Post-Test Scores of Trained Health Providers, by Oblast, Project Year 5

Oblasts	Pre-test Score (%)	Post-test Score (%)
AR Crimea	56.5	85.4
Cherkasy	56.5	94.3
Dnipropetrovsk	63.1	91.7
Donetsk	57.1	95.4
Ivano-Frankivsk	60.3	93.1
Kharkiv	60.6	89.9
Khmelnytsky	58.5	99.0
Lviv	56.9	91.1
Odessa	55.2	92.6
Poltava	55.6	94.2
Rivne	54.5	97.6
Sevastopol City	67.4	83.7
Vinnytsya	52.4	97.5
Volyn	51.0	95.0
Zaporizhya	65.4	88.8
Total	**58.1**	**91.3**

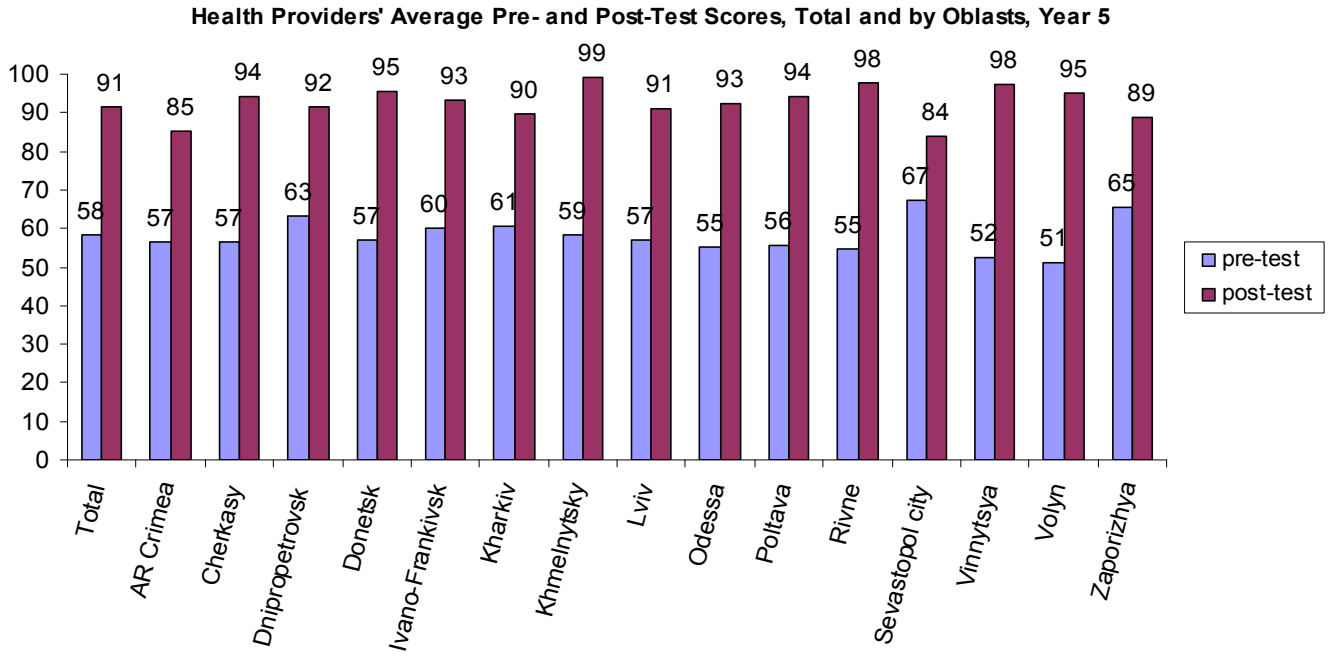

Table 9: Number of People Reached by BCC on FP/RH, Project Year 5, by Oblast and Type of Media

Oblasts	Interpersonal Communication	Special Events	Brochures	Mass Media	Total
AR Crimea	1,639	133,636	87,265	897,260	1,119,800
Cherkasy	399	3,953	14,878	0	19,230
Dnipropetrovsk	334	11,755	26,030	739,850	777,969
Donetsk	342	16,452	41,953	1,740,000	1,798,747
Ivano-Frankivsk	2,009	13,326	30,040	255,200	300,575
Kharkiv	591	75,125	66,889	1,177,400	1,320,005
Khmelnytsky	516	8,710	34,709	58,000	101,935
Lviv	2,064	13,654	36,400	220,400	272,518
Odessa	934	8,908	22,300	580,000	612,142
Poltava	424	59,140	50,350	508,000	617,914
Rivne	913	13,080	41,188	805,000	860,181
Sevastopol City	702	2,512	6,037	220,400	229,651
Vinnytsya	1,114	21,747	57,612	556,800	637,273
Volyn	1,200	19,517	46,932	517,000	584,649
Zaporizhya	423	18,406	26,625	580,000	625,454
Total	**13,604**	**419,921**	**589,208**	**8,855310**	**9,878,043**

Table 10.a: Number of TfH IEC Brochures Distributed, Project Years 2 – 5 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	87,265	87,265
Cherkasy	0	0	11,016	14,878	25,894
Dnipropetrovsk	4,805	16,570	23,920	26,030	71,325
Donetsk	0	0	12,820	41,953	54,773
Ivano-Frankivsk	0	0	9,412	30,040	39,452
Kharkiv	36,945	38,555	32,570	66,889	174,959
Khmelnytsky	0	0	17,947	34,709	52,656
Kyiv*	2,765	1,232	0	0	3,997
Lviv	17,575	17,640	8,750	36,400	80,365
Odessa	0	10,990	10,480	22,300	43,770
Poltava	23,070	16,075	15,210	50,350	104,705
Rivne	0	0	24,400	41,188	65,588
Sevastopol City	0	0	0	6,037	6,037
Vinnytsya	1,180	8,772	21,996	57,612	89,560
Volyn	5,219	16,652	31,416	46,932	100,219
Zaporizhya	0	0	16,200	26,625	42,825
NGOs	1,000	560	0	0	1,560
Total	**92,559**	**127,046**	**236,137**	**589,208**	**1,044,950**

** Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads*

Table 10.b: Number of TfH Posters distributed, Project Years 2 - 5 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0		45	45
Cherkasy	0	0	96	135	231
Dnipropetrovsk	212	361	0	70	643
Donetsk	0	0	654	1450	2104
Ivano-Frankivsk	0	0	150	570	720
Kharkiv	2,620	1,391	400	700	5111
Khmelnytsky	0	0	448	105	553
Kyiv*	599	586	0	0	1185
Lviv	2,155	753	360	330	3598
Odessa	0	644	451	206	1301
Poltava	1,023	857	146	199	2225
Rivne	0	0	592	394	986
Sevastopol City	0	0	0	5	5
Vinnytsya	144	450	287	390	1271
Volyn	366	816	280	144	1606
Zaporizhya	0	0	40	97	137
Total	**7,119**	**5,858**	**3,904**	**4,840**	**21,721**

** Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads*

Table 10.c: Number of TfH Videos Distributed, Project Years 2 - 5 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	52	52
Cherkasy	0	0	386	0	386
Dnipropetrovsk	4	73	59	0	136
Donetsk	0	0	48	57	105
Ivano-Frankivsk	0	0	162	0	162
Kharkiv	173	38	47	0	258
Khmelnytsky	0	0	10	0	10
Kyiv*	192	71	0	0	263
Lviv	28	0	125	0	153
Odessa	0	0	30	300	330
Poltava	42	10	30	22	104
Rivne	0	0	0	0	0
Sevastopol City	0	0	0	8	8
Vinnytsya	0	0	0	0	0
Volyn	2	10	0	0	12
Zaporizhya	0	0	54	0	54
Total	**441**	**202**	**951**	**439**	**2,033**

** Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads.*

Table 10.d: Number of "FP-friendly" Logos Distributed, Project Years 2 - 5 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	280	280
Cherkasy	0	0	252	103	355
Dnipropetrovsk	158	529	25	250	962
Donetsk	0	0	239	709	948
Ivano-Frankivsk	0	0	208	260	468
Kharkiv	1,616	1,244	168	420	3,448
Khmelnytsky	0	0	48	50	98
Kyiv*	348	934	0	0	1,282
Lviv	0†	869	140	210	1,219
Odessa	0	1110	236	80	1,426
Poltava	408	794	111	73	1,386
Rivne	0	0	292	306	598
Sevastopol City	0	0	0	57	57
Vinnytsya	98	860	76	22	1,056
Volyn	408	1386	144	144	2,082
Zaporizhya	0	0	27	222	249
Total	**3,036**	**7,726**	**1,966**	**3,186**	**15,914**

** Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads.*

† Did not report quantities of logos distributed

Table 11.a: Number of BCC Community Educators and Leaders Trained on FP/RH, Project Years 2-5 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea†	0	24	0	0	17	41
Cherkasy	0	0	0	24	0	24
Dnipropetrovsk	0	11	0	0	0	11
Donetsk	0	0	0	5	25	30
Ivano-Frankivsk	0	0	0	56	0	56
Kharkiv	0	23	0	0	0	23
Khmelnytsky	0	0	0	31	0	31
Kyiv*	15	0	0	0	0	15
Lviv	0	31	0	0	0	31
Odessa	0	0	10	0	20	30
Poltava	0	9	0	30	0	39
Rivne	0	0	0	11	21	32
Sevastopol City	0	0	0	0	6	6
Vinnytsya	0	0	22	0	0	22
Volyn	0	0	10	0	0	10
Zaporizhya	0	0	0	39	0	39
Total	**15**	**98**	**42**	**196**	**89**	**440**

† *The workshop in Year 2, held in Alushta, included participants from several oblasts.*

***** *The workshop in Kyiv in Year 1 was for the S.W. Railroads.*

Table 11.b: Gender Breakdown of BCC Community Educators and Leaders Trained on FP/RH, by Oblast, Project Year 5 and to Date

Oblasts	Year 5		To Date	
	Male	Female	Male	Female
AR Crimea	5	12	13	28
Cherkasy	0	0	5	19
Dnipropetrovsk	0	0	0	11
Donetsk	0	25	0	25
Ivano-Frankivsk	0	0	13	43
Kharkiv	0	0	1	22
Khmelnytsky	0	0	3	28
Kyiv	0	0	15	0
Lviv	0	0	11	20
Odessa	4	16	5	25
Poltava	0	0	9	30
Rivne	4	17	9	23
Sevastopol City	0	6	0	6
Vinnytsya	0	0	3	19
Volyn	0	0	2	8
Zaporizhya	0	0	10	29
Total	**13 (14.6%)**	**76 (85.4%)**	**99 (22.9%)**	**334 (77.1%)**

Table 12.a: Number of Participants in Educational Sessions on FP/RH, Project Years 1-5 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	0	1,639	1,639
Cherkasy	0	0	0	54	399	453
Dnipropetrovsk	0	0	3,909	305	334	4,548
Donetsk	0	0	0	0	342	342
Ivano-Frankivsk	0	0	0	158	2,009	2,167
Kharkiv	15	2,418	4,387	437	591	7,848
Khmelnytsky	0	0	0	4,801	516	5,317
Kyiv*	12	2,055	0	0	0	2,067
Lviv	0	4,676	2,174	138	2,064	9,052
Odessa	0	0	0	25	934	959
Poltava	0	0	967	29	424	1,420
Rivne	0	0	0	38	913	951
Sevastopol City	0	0	0	0	702	702
Vinnytsya	0	20	5,032	1,470	1,114	7,636
Volyn	0	0	2,794	1,893	1,200	5,887
Zaporizhya	0	0	0	159	423	582
Total	**27**	**9,169**	**19,263**	**9,507**	**13,604**	**51,570**

** Kyiv includes people reached through the S.W. Railroads.*

Table 12.b: Gender Breakdown of Participants in Educational Sessions on FP/RH, by Oblast, Project Year 5 and to Date

Oblasts	Year 5		To Date	
	Male	Female	Male	Female
AR Crimea	404	1,235	404	1,235
Cherkasy	194	205	198	255
Dnipropetrovsk	121	213	1,513	3,035
Donetsk	104	238	104	238
Ivano-Frankivsk	879	1,130	901	1,266
Kharkiv	331	260	3,422	4,428
Khmelnytsky	226	290	2,224	3,093
Kyiv/Railroads	0	0	1,043	1,024
Lviv	776	1,288	3,192	5,825
Odessa	307	627	314	645
Poltava	182	242	616	799
Rivne	178	735	186	765
Sevastopol City	283	419	283	419
Vinnytsya	250	864	1,433	3,945
Volyn	494	706	2,892	5,129
Zaporizhya	224	199	282	300
Total (Number & %)	**4,953 (36.4%)**	**8,651 (63.6%)**	**19,007 (37.0%)**	**32,401 (63.0%)**

Note: *Breakdowns by gender may not always add to the same number as the total number of participants in educational sessions because of incomplete reporting, e.g. participants not providing their full name.*

Table 13: Number of BCC Special Events and Approximate Numbers of Participants in these Events, Project Years 2-5 and to Date, by Oblast

Oblasts	Year 2		Year 3		Year 4		Year 5		To Date	
	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants
AR Crimea	0	0	0	0	0	0	113	133,636	113	133,636
Cherkasy	0	0	0	0	30	4,437	49	3,953	79	8,390
Dnipropetrovsk	2	234	7	1,890	69	386,583	80	11,755	158	400,462
Donetsk	0	0	0	0	34	7,312	94	16,452	128	23,764
Ivano-Frankivsk	0	0	0	0	24	2,288	54	13,326	78	15,614
Kharkiv	23	23,199	18	46,730	36	28,439	147	75,125	224	173,493
Khmelnytsky	0	0	0	0	131	15,267	36	8,710	167	23,977
Kyiv*	4	850	0	0	0	0	0	0	4	850
Lviv	6	5,042	9	7,550	19	3,469	76	13,654	110	29,715
Odessa	1	10,000	4	375	33	5,840	37	8,908	75	25,123
Poltava	2	8,000	6	9,030	20	10,245	65	59,140	93	86,415
Rivne	0	0	0	0	41	16,007	84	13,080	125	29,087
Sevastopol City	0	0	0	0			27	2,512	27	2,512
Vinnytsya	4	520	30	5,369	100	57,413	54	21,747	188	85,049
Volyn	0	0	31	24,458	105	37,523	140	19,517	276	81,498
Zaporizhya	0	0	0	0	61	16,869	68	18,406	129	35,275
NGOs	3	8,070	79	5,772	0	0	0	0	82	13,842
Total	**45**	**55,915**	**184**	**101,174**	**703**	**591,692**	**1,124**	**419,921**	**2,056**	**1,168,702**

Note: *Special events are mass public actions, often conducted to mark special occasions such as Valentine's Day, AIDS Day, Family Planning Week, etc.*
** Kyiv includes people reached through the S.W. Railroads and national events.*

Table 14.a: Number of Print Articles Distributed, Project Years 1 - 5 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	0	30	30
Cherkasy	0	0	3	0	0	3
Dnipropetrovsk	0	0	30	38	12	80
Donetsk	0	0	0	3	1	4
Ivano-Frankivsk	0	0	0	6	4	10
Kharkiv	0	16	8	4	8	36
Khmelnytsky	0	0	0	27	5	32
Kyiv*	0	12	7	1	0	20
Lviv	1	3	6	1	3	14
Odessa	0	0	5	0	1	6
Poltava	0	14	18	14	28	74
Rivne	0	0	0	13	4	17
Sevastopol City	0	0	0	0	2	2
Vinnytsya	0	3	20	17	9	49
Volyn	0	4	15	14	8	41
Zaporizhya	0	0	0	0	2	2
Total	**1**	**52**	**112**	**138**	**117**	**420**

* *Kyiv includes distribution through the S.W. Railroads and national press*

Table 14.b: Number of TV Spots/Programs Distributed, Project Years 1 - 5 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	0	63	63
Cherkasy	0	0	1	2	0	3
Dnipropetrovsk	0	0	15	13	266	294
Donetsk	0	0	0	8	7	15
Ivano-Frankivsk	0	0	0	11	23	34
Kharkiv	0	32	43	22	88	185
Khmelnytsky	0	0	0	10	0	10
Kyiv*	0	2	2	0	0	4
Lviv	6	2	3	9	29	49
Odessa	0	0	2	1	34	37
Poltava	0	6	16	19	79	120
Rivne	0	0	1	4	18	23
Sevastopol City	0	0	0	0	8	8
Vinnytsya	0	1	12	4	25	42
Volyn	0	2	12	14	20	48
Zaporizhya	0	0	0	11	14	25
Total	**6**	**45**	**107**	**128**	**674**	**960**

***Note**: Kyiv includes distribution through the S.W. Railroads and national media*

Table 14.c: Number of Radio Spots/Programs Disseminated, Project Years 1 - 5 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	0	24	24
Cherkasy	0	0	0	0	0	0
Dnipropetrovsk	0	0	3	1	11	15
Donetsk	0	0	0	2	0	2
Ivano-Frankivsk	0	0	0	2	6	8
Kharkiv	0	2	7	1	10	20
Khmelnytsky	0	0	0	10	5	15
Lviv	4	4	7	4	0	19
Odessa	0	0	0	0	0	0
Poltava	0	1	4	9	20	34
Rivne	0	0	0	1	9	10
Sevastopol City	0	0	0	0	4	4
Vinnytsya	0	4	16	10	20	50
Volyn	0	4	15	13	31	63
Zaporizhya	0	0	0	3	3	6
Total	**4**	**15**	**52**	**56**	**143**	**270**

Table 14.d: Number of Internet Articles Disseminated, Project Years 2 - 5 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	0	28	28
Cherkasy	0	0	2	5	0	7
Dnipropetrovsk	0	0	1	0	0	1
Donetsk	0	0	0	0	0	0
Ivano-Frankivsk	0	0	0	1	0	1
Kharkiv	0	5	20	3	5	33
Khmelnytsky	0	0	0	0	0	0
Kyiv*	0	2	0	0	0	2
Lviv	1	5	0	0	0	6
Odessa	0	0	1	0	0	1
Poltava	0	0	1	1	2	4
Rivne	0	0	0	1	0	1
Sevastopol City	0	0	0	0	9	9
Vinnytsya	0	0	0	0	1	1
Volyn	0	2	3	2	0	7
Zaporizhya	0	0	0	0	0	0
Total	**1**	**14**	**28**	**13**	**45**	**101**

** Kyiv includes distribution through the S.W. Railroads*

Table 15.a. Percent (%) of FP/RH Clients (of all who complete a Client Exit Questionnaire) Surveyed in Five TfH Partner Oblasts with Positive Attitudes to More Effective Contraceptive Methods, 2007 and 2009

Method	2007	2009
	N = 1,597	N = 1,634
Combined oral contraceptives	53.1	61.8
Intrauterine devices (IUD)	57.9	57.7
Injectables	10.9	18.8
Condoms	58.3	76.0
Female sterilization	18.3	20.0
Male sterilization	17.3	19.7
Emergency Contraception	17.6	27.1
Vaginal Ring	15.8	24.1
LAM	18.8	37.5
All more effective methods	**28.8%**	**36.9%**

Note:

- *Five oblasts are: Poltava, Vinnytsya, Odessa, Volyn and Dnipropetrovsk*
- *"Positive attitudes" means that the provider rated a method as 'good' or 'very good,' taking into consideration safety, side effects, effectiness and price.*
- *More effective methods mean condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, injectable.*

Table 15.b: Percent (%) of FP/RH Clients (of all who complete a Client Exit Questionnaire) Surveyed in AR Crimea and Sevastopol City with Positive Attitudes to More Effective Contraceptive Methods, 2010

Method	Baseline		
	AR Crimea	Sevastopol City	Overall
	N=365	N=169	N=534
Combined oral contraceptives	53.2	66.9	57.5
Intrauterine devices (IUD)	55.6	42.0	51.3
Injectables	11.0	3.0	8.4
Condoms	72.3	75.1	73.2
Female sterilization	16.7	14.2	15.9
Male sterilization	15.9	13.0	15.0
Emergency Contraception	18.1	12.4	16.3
Hormonal patch	13.4	20.1	15.5
Vaginal Ring	20.0	37.3	25.5
LAM	27.4	20.1	25.1
All more effective methods	**30.4**	**30.4**	**30.4**

Note:

- *"Positive attitudes" means that the provider rated a method as 'good' or 'very good,' taking into consideration safety, side effects, effectiness and price.*
- *More effective methods mean condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, injectable, POPs.*

Table 16.a: Number of Pharmacy Trainers/Instructors Trained, Years 2 - 5 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	15	15
Cherkasy	0	0	0	0	0
Dnipropetrovsk	13	0	0	0	13
Donetsk	0	0	0	0	0
Ivano-Frankivsk	0	0	0	0	0
Kharkiv	0	10	25	0	35
Khmelnytsky	0	0	0	0	0
Kyiv*	17	0	32	0	49
Lviv	0	9	33	0	42
Odessa	0	8	0	0	8
Poltava	0	11	0	0	11
Rivne	0	0	0	0	0
Sevastopol City	0	0	0	0	0
Vinnytsya	0	12	0	0	12
Volyn	13	0	0	0	13
Zaporizhya	0	0	34	0	34
Total	**43**	**50**	**124**	**15**	**232**

* *The Kyiv workshop in Year 1 was for trainers from Kharkiv and Lviv; in Year 4 it was for faculty from postgraduate pharmacy education institutions.*

Table 16.b: Gender Breakdown of Pharmacy Trainers/Instructors Trained, by Oblast, Project Year 5 and to date

Oblasts	Year 5		To Date	
	Male	Female	Male	Female
AR Crimea	2	13	13	2
Cherkasy	0	0	0	0
Dnipropetrovsk	0	0	2	11
Donetsk	0	0	0	0
Ivano-Frankivsk	0	0	0	0
Kharkiv	0	0	7	28
Khmelnytsky	0	0	0	0
Kyiv	0	0	13	36
Lviv	0	0	8	34
Odessa	0	0	2	6
Poltava	0	0	1	10
Rivne	0	0	0	0
Sevastopol City	0	0	0	0
Vinnytsya	0	0	4	8
Volyn	0	0	3	10
Zaporizhya	0	0	10	24
Total	**2**	**13**	**63**	**169**

Note: *Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 17.a: Number of Pharmacy Staff Trained in FP/RH, Project Years 2-5 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	To Date
AR Crimea	0	0	0	227	227
Cherkasy	0	0	0	0	0
Dnipropetrovsk	46	242	0	0	288
Donetsk	0	0	0	0	0
Ivano-Frankivsk	0	0	0	0	0
Kharkiv	464	309	68	0	841
Khmelnytsky	0	0	0	0	0
Kyiv*	6	0	10	0	16
Lviv	229	212	27	0	468
Odessa	0	97	0	0	97
Poltava	123	200	0	0	323
Rivne	0	0	0	0	0
Sevastopol City	0	0	0	17	17
Vinnytsya	42	198	0	0	240
Volyn	109	160	0	0	269
Zaporizhya	0	0	0	0	0
Total	**1,019**	**1,418**	**105**	**244**	**2,786**

** The workshop in Kyiv in Year 2 was for staff from TfH partner SMD who were being prepared to conduct follow-up visits to pharmacies; in Year 4, it was for pharmacy trainers/monitors from SMD.*

Table 17.b: Gender Breakdown of Pharmacy Staff Trained in FP/RH, by Oblast, Project Year 5 and to Date

Oblasts	Year 5		To Date	
	Male	Female	Male	Female
AR Crimea	6	221	6	221
Cherkasy	0	0	0	0
Dnipropetrovsk	0	0	13	273
Donetsk	0	0	0	0
Ivano-Frankivsk	0	0	0	0
Kharkiv	0	0	36	804
Khmelnytsky	0	0	0	0
Kyiv	0	0	5	11
Lviv	0	0	30	427
Odessa	0	0	5	92
Poltava	0	0	13	300
Rivne	0	0	0	0
Sevastopol City	2	15	15	2
Vinnytsya	0	0	34	205
Volyn	0	0	11	253
Zaporizhya	0	0	0	0
Total	**8 (3.3%)**	**236 (96.7%)**	**168 (6.1%)**	**2,588 (93.9%)**

Note: *Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 17.c: Number of EBM Round Tables and Health Professionals trained in EBM, Project Year 5, by Oblast

Oblasts	No. of EBM Round Tables	No. of participants of EBM Round Tables
AR Crimea	4	62
Dnipropetrovsk	1	18
Donetsk	1	24
Kharkiv	1	23
Khmelnytsky	1	24
Rivne	1	31
Sevastopol City	2	33
Vinnytsya	1	23
Volyn	1	27
Zaporizhya	1	24
Total	**14**	**289**

Table 18: Average Prices (in UAH) of Different Contraceptive Methods in Surveyed Pharmacies, Five Oblasts, 2007 and 2009

Contraceptive Method	**2007**	**2009**
COCs	36.84	69.63
IUDs	267.02	341.61
Injectables	42.74	75.50
POPs	46.66	59.33
Condoms	2.90	3.60
Emergency contraception	27.28	52.28

Table 19: Legal/Policy Documents on FP/RH adopted by the Government of Ukraine, Project Year 5

Government Entity	Title of Law/Policy	Number	Date Adopted
MOES	Approval of the training manual for provisors in residency programs and provisors in postgraduate universities	Letter N1/11-203	Jan. 22, 2010
MOH	On Conducting Family Planning and Reproductive Health Week in Ukraine in 2010	Prikaz #125-Adm.	April 28, 2010
MFYS	On Conducting Family Planning and Reproductive Health Week in Ukraine in 2010	Prikaz #1309	May 13, 2010
NMAPE	Approval of *Collection of Critically Appraised Topics (CATs) on Contraception*	Unnumbered letter	Sept. 8, 2010
MOH	On TfH activities related with distribution of USAID-donated contraceptives	Prikaz # 826	September 29, 2010
Oblast Level [#]			
Vinnytsya OHD	"On Conducting FP Month"	Prikaz #344	April 15, 2010
Dnipropetrovsk OHD	"On Conducting FP Month"	Prikaz #302	April 19, 2010
Rivne OHD	"On Conducting FP Month"	Prikaz #114	April 30, 2010
Volyn OHD	"On Conducting FP Month"	Prikaz #164	May 5, 2010
Zaporizhya OHD	"On Conducting FP Month"	Prikaz #284	May 5, 2010
Poltava OHD	"On Conducting FP Month"	Prikaz #475	May 7, 2010

[#] *The oblast* prikazes *for BCC events are included as policy documents because they go beyond the usual administrative orders for events. They designate a whole month—rather than a week, as instructed in the MOH order—for FP activities and support a complex array of activities aimed at achieving specified SPRHN goals.*

Table 20. Estimated Counterpart Contributions to TfH, Project Year 5, by Oblast, Public and Private Sector Contributions and Total (US Dollars)

Oblast	Total	Public Sector	Private Sector
National/Cross-Cutting Activities	$76,450	$51,450	$25,000
AR Crimea	$109,400	$73,300	$36,100
Cherkasy	$34,700	$33,200	$1,400
Dnipropetrovsk	$86,000	$48,000	$38,000
Donetsk	$53,800	$48,500	$5,300
Ivano-Frankivsk	$28,600	$24,800	$3,800
Kharkiv	$54,300	$48,900	$5,400
Khmelnytsky	$33,400	$31,000	$2,400
Lviv	$28,500	$26,250	$2,200
Odessa	$23,900	$22,600	$1,300
Poltava	$83,600	$69,500	$14,200
Rivne	$44,600	$38,400	$6,200
Sevastopol City	$13,800	$9,800	$4,000
Vinnytsya	$52,600	$47,200	$5,400
Volyn	$50,700	$42,100	$8,600
Zaporizhya	$28,300	$26,000	$2,300
Total	**$802,700**	**$641,000**	**$161,700**

Note: numbers may not add due to rounding

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